TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remote gabon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

AND THE RESERVE OF THE PERSON	MARYLAND STATE DEPA	RTMENT OF HEALTH	
DIVISION OF STATIST	FICAL RESEARCH AND RECORDS, 30	01 W. PRESTON STREET	, BALTIMORE 1, MARYLAND
HRSAN	CEDTIFICATE	OF DEATH	ne rou

VR AI5 (4) 20M 1/65

The second second CEL OF PROSE The parties of the state of the THE REPORT OF THE PERSON OF TH

FOR STATE HEALTH DEPT.

TO DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute are certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages then 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in an every within 72 hours after death.

VR AISME (5)

	MARY	LAND STATE DE	PARTMENT OF	HEALTH	
Division of STATI	STICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
08543	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	118533

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence be a. STATE) b. COUNTY b. COUNTY	fore admission)
D. CITY OR TOWN (If outside corporate limits) c. LENGTH OF STAY IN 1D c. CITY OR TOWN (If outside corporate limits, write RURAL end give	nearest town)
Jakerna Harre Jups, histingion	S RESIDENCE
	ON A FARM?
3. NAME OF DECEASED (Type or print) ANNIE ALBERT DEATH JUNE 8	19 6 6
5. SEY 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR	- (-
10a. USUAL OCCUPATION (GIVE kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or toreign country) 12. CITIZEN OF	WHAT
dusing most of working life, even if retired) INDUSTRY New Arsey	A,
13. PATHER'S NAME 14. MOTHER'S MAIDEN HIME	
15. WAS DECEASED VER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
(Yokan, on unknown) (If yes give war or dates of service) Oakhaven nursing Home Rec	ords
PART I. DEATH WAS CAUSED BY:	AL BETWEEN AND DEATH
4201 IMMEDIATE CAUSE (e) DUE TO DUE TO DUE TO	
[Conditions, If any, which] (b) (Prenosderolic Heart Wiseas)	
gave rise to immediate couse (a), stating the DUE TO	
underlying cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	AS AUTOPSY
Viabetes Mellitus YES	ERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year Hour a.m. While Not While at work	
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bidg., etc.)	(State)
Hour a.m. While Not While at work at work	
The control of the co	n my opinion
death resulted from: Natural causes , Accident , Suicide , Homicide , Undefermined manner	
	DATE SIGNED
EXAMINER'S BELDEN R, READ M. D. Address (Street, city, town, or county) June 8,1	966
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME of CEMETERY OR GREMATORY 23d. LOCATION (Qty., town or county)	(State)
BURIAL 6-10-66 MT. LEBANON CEMETERY HYATTS VILLE	MD-
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA	

The Company of the Co

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

e. IS RESIDENCE ON A FARM?

Year

IF UNDER 24 HRS

19

Hours

INTERVAL BETWEEN

LONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

NO

(Stote)

(Stote)

YES

Doys

12. CITIZEN OF WHAT

COUNTRY?

(County)

DATE SIGNED

(County)

Carolina

22b.

NO N

CERTIFICATE OF DEATH 08550 deoth completely filled in by the funeral love carbon popers. Pages I ond y event, within 72 hours after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) PC d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 3. NAME OF Middle DATE Month First Lost DECEASED odlev (Type or print) DEATH S SEX AGE IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH (In years remove (lost birthdoy) Months WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) pleose during most of working life, even if retired) Ret LNDUSTRY Visician and OpeTelephone Co. 13. FATHER'S NAME or removol. signed by the attending probability buriol-transit permit. Then burial, cremotion, or removo DICKENSOI 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give war or dotes of service) -01-523 Same Daughte 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a) DUE TO stoting the underlying couse prior to O FUNERAL DIRECTOR: After this certificate has been os the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION Health we ō 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [of OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INILIRY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While Stote of work ot work should be 21. I certify that (I) (this hospital) attended the deceased from with the and that death occurred at C 05 AM, fram couses and an the date stoted above. saw the deceased alive an s 19 1 22o. SIGNATURE ATTENDING STAFF director, poge 3 should be filed w M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THE EOF une 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION REMOVAL (Specify) 1966 Cedarxxx Grove Cemetery New Bern. North Buria. REZEN REC'D BY REGISTRAR N 8 196 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE 8434 Georgia Avenue 1966

Pumphrev

Inc

Silver Spring.

be executed within 24 hours after deoth. OR ATTENDING PHYSICIAN: The law requires that the death certificate attending physician. be retoined by the hospital or TO HOSPITAL Page 4 moy b

VR A15 (4) 20 M 1/66

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ALTH T, BALTIMORE, MARYLAND 21201

T	101	Division of STATIS	MARYLAND STATE I TICAL RESEARCH AND RECORDS,		
	(M)	08551	CERTIFICA		
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EAIII						Uò	34	
RESIDENCE	(Where	deceosed	lived,	if	institution:	Residence	before	odmissian)
E					b. COUNTY			V

	PLACE OF DEATH a. COUNTY		Lan at			2. USUAL RESIDENCE (o. STATE		eosed lived, if instituti b. COUN		ce befor	e odmissio	iny
_	MC	ntgomery		T c. LENGTH OF STAY	LAND	c. CITY OR TOWN (If or	ouri	anata limita vuita DUE	Al and nim		d dawn)	
write RURAL and give nearest tawn)					11				negres	i lowii)		
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		AL OR INSTITUTION (If nat		give street oddress)		d. STREET ADDRESS					e. IS RESID ON A FA	
	U. S. Na	aval Hospita	T			10712 Spr	uce	St.	1.13		YES	NO X
	NAME OF	Firs		Middle	= 6690	Lost	4. DAT	E Mont	h	Doy		
	DECEASED (Type ar print)	Arthu	r	Earl	F	NDREWS	OF DEA	TH June		3	19	66
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		8. DATE OF BIRTH		9. AGE (In years	IF UNDER		IF UNDER	
N	Male	Cauc	WIDOWED	DIVORCE		Dec. 14, 191	9	last birthday)	Months	Doys	Hours	Min.
10o	. USUAL OCCUPATIO	N (Give kind of work dane		ND OF BUSINESS OR		11. 81RTHPLACE (County		r foreign country)		FIZEN OF		
duri	ing most of working	Navy	IN	IDUSTRY		Kansas Cit	v. M	issouri	CO	UNTRY?	USA	4
_	FATHER'S NAME					14. MOTHER'S MAIDEN		IBBOAL I			ON	-
	Lear	ard Earl An	drews			Mary Mari	e Sm	ith				
15.	WAS DECEASED EV	FR IN ILS ARMED FORCES?	16	SOCIAL SECURITY NO.	17.	INFORMANT	.0 211	Addre	SS			
(Ye	s, na, ar unknawn)	1944-1966	(asiyaa)		Con	rvice Record	TT	C Norma				
		· · · · · · · · · · · · · · · · · · ·			r ber	VICE RECORD	, 0.	D. Mavy		LAIT	EDVAL DET	DAVEEAL
	18. CAUSE OF D	EATH (Enter only one coust TH WAS CAUSED BY:	per line for	(0), (b), ond (c).)	רוסי	Carcinoma,	າກຳກ	ame bladde	37		ERVAL BET SET AND D	
		IMMEDIATE CAUSE (d)					ary bradde	14.			
	1810	DUE T	0 %	rich wides	pread	l metastases	5					
	Conditions, if ony rise to immedio	le couse (a))(-		
	stoting the unde		0									
	last.) (c)									- 1
z	PART II. OTHER S	IGNIFICANT CONDITIONS CO	NTRIBUTING	TO DEATH BUT NOT REL	ATED TO	THE TERMINAL DISEASE CO	NDITION G	GIVEN IN PART 1(a)		19.	WAS AUTO PERFORM	DPSY ED2
CERTIFICATION												NO 🔲
IFIC	20a. ACCIDENT WA		20b. DI	SCRIBE HOW INJURY O	CCURRED.	(Enter nature of injury in	Part I ar	Part II af item 18.)				
CERT		G CAUSE OF DEATH MEDICAL EXAMINER)										
MEDICAL		URY Manth, Day, Year	20d. I	NJURY OCCURRED	20e. PL/	ACE OF INJURY (Home, form	n. 20	f. (City or town)	(Car	unty)	(Stote)
MEDI	Haur a.	m.	While	☐ Nat While ☐		tory, street, office bldg., etc.					- 1	
		ify that (1) (this hosp	at wor		f I	nr: 1 30	10 66	40 June 3	106	6 11		\
	21. I cert	eccosed alive on	Tune 3	ded the deceased	and the	t dooth occurred a	IJOOD	M from courses	and on t	bo dat	101 -(v) (we) last
	220. SIONATURE		une	17_00	una me	ii deoiii occoired di	MULE	_m, nom causes	225 0	ATE SIGN	e sinien	ubuve.
	220. SIGNATURE	n. Eds	on		М	.D. PHYS.	MED. DIRECTO	R STAFF PHYS.		une	1966	5
	22c. PHYSICIAN': NAME (Type		n. M.	D.		U.S. Nav	al H	ospital, E	ethes	da.	Md.	
230	. BURIAL, CREMATI			T 23c. NAME OF CEM	FTERY OF			LOCATION (City or To		(County		itote)
200	BEMOWN (Specify	1 1 1 1	66	APPA	NO	OSF	A	OVGLAS	-	KAI	15 A	'5
24	. FUNERAL DIRECTO	OR Wash	ington	ADDRESS	D.(2Sa. REC				CNATU	Enda	<u></u>
W.	W. Chamb	ers Co., 14				/ DATE U	NO	1966 25b.		0	0	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deal TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after deal Page 4 may be retained by the hospital or attending physician.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours atterdeath. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALT

	MARILAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATIST	TICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT	TIMORE 1, MARYLAND
0.8552	CERTIFICATE OF DEATH	OCEA

000000	CERTIFICATE	OI DEATH		18042
1. PLACE OF DEATH.		2. USUAL RESIDENCE (Where decease	sed livad, If institution: Ras	sidance before edmission)
•. COUNTY	MARYLAND	o. STATE Maryland	Montgom	Antr
Montgomery b. CITY OR TOWN (if outside corporala limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate		
writa RURAL and give naarast town)	6	G		
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	o years	d. STREET ADDRESS	/	e. IS RESIDENCE
				ON A FARM?
7008 West Greenvale		7008 West Greenv		YES NO X
3. NAME OF DECEASED	Middle	Last 4. DATE OF		Day Year
(Type or print) USCAR I		REWS DEATH	0	1 1966
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8.		GE (In years IF UNDER 1 Y	
WHITE WIDOW	ED DIVORCED	lug.24, 1876 89	yrs. Months De	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evan if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or fora	ign country) 12. CITIZ	EN OF WHAT COUNTRY?
	S. Govt.	Virginia	US	A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
John Andrews		Alice Sayler		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	. SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
(Yes, no, or unkown) (Ifyas give war or dates of servica)	ENO OA HORMINA	Alice T Meaner		40
18. CAUSE OF DEATH (Enter only one cause per		.Alice L. Meaney	same as	#C
PART I. DEATH WAS CAUSED BY:	1011-	Paula - La		ONSET AND DEATH
IMMEDIATE CAUSE (a)	JICIDRAL I MA	Rombosis		2 WKS
DUETO	cococal oc	TERIOSCLEROSIS		6 yrs
Conditions, if eny, which (b)	EREBRAL HR	ETER TO SELEROS IS		
DUETO	00000	OPTERIOR	0000	10011201
		ARTERIOSCLE		10 905
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
A				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO	ESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in Part I or Part II of	item 1B.)	
U (IF EITHER, NOTIFY MEDICAL EXAMINER)				
		E OF INJURY (Home, farm, 20f. (City or	town) (Count	y) (Stata)
Hour a.m. While the world was	la Not Whila tacto	ry, streat, offica bldg., atc.)		
21. I certify that (I) (this hospital) after		Mail: 10620 10	TUNE 17 106	6 that (1) (1) last
21. I certify that (i) (this nospitary after	nded the deceased from			
saw the deceased alive on JUNE 1		death occurred at 8 kg. M, from th	e causes and on the	
220. SIGNATURE BR Cooperman		ATTENDING MED.	STAFF	22b. DATE SIGNED
	M.I	· <u> </u>	PHYS.	
22c. PHYSICIAN'S B.R. COOPER	RMAN, M.D.	1302-18 St. N	W. WASh.I)C.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	EXCHANDRX 23d. LOCATIO	ON (City, town or county)	(Stata)
REMOVAL (Specify) Burial June 20, 196	Mount Oli	vet Washi	ngton, D.	C.
24 FUNERAL DIRECTOR'S SIGNATURE	P. ADDRESS	25a. REC'D BY REGISTRAF	256. REGISTRAR'S SIG	
FrancisJ. Collins 3821-	14thSt.N.W.Wa	shDC WIN 20 1966	1 Charles	Juoge
In - and on a - of ways to Cook T.	~ ~ 02200 0 021 0 11 0 11 0	TON A DOOR		

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEPTIFICATE OF DEATH

M			0855	3	CERTIFICATE	OF DEATH		08543
riin 24 naurs arrer aearn. Filled in by the funeral n papers. Pages 1 and ithin 72 haurs after dedth		0.	ACE OF DEATH COUNTY	+gome Ry	MARYLAND	2. USUAL RESIDENCE (Where o. STATE MARY A	And b. COUNTY	MON +gomeey
by the f Pages aurs afte			write RURAL and	buside corporate limits, T give negrest tawn) THESCA	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL	= 15.1
lled in gapers. in 72 h	99	d.	NAME OF HOSPITA	I OR INSTITUTION (If not in hospital, of	give street address)	d. STREET ADDRESS 4821 DER	USSY PARKW	e. IS RESIDENCE ON A FARM? YES NO
grapon propon		DE	AME OF CEASED 'pe or print)	First	Middle ESTHER H	10. 10	VOL. C	Day Year 25 1966
and complete remaye care in any event,		5. SE	F	6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED E	MARCHI-189		FUNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
ian and ase ren			mast of warking li		ND OF BUSINESS OR DUSTRY	GERMAN to	e, or fareign country)	12. CITIZEN OF WHAT COUNTRY? 1.5
physic hen ple noval, c		13. F	ATHER'S NAME	RANK. Pumpi	breu.	14. MOTHER'S MAIDEN NAME ALICE. SN	ydel	
equires that the geath certificate be executed within 24 hauts afret physician. signed by the attending physician and certificately filled in by the fusioned by the attending physician and certificately filled in by the fusion-transit permit. Then please remove carbon papers. Pages burial, cremation, ar removal, and in ally event, within 72 hauts after				IN U.S. ARMED FORCES? If yes give war or dates af service) 16.	SOCIAL SECURITY NO. 17. II	HN. H. Fum p	COROTHER Address	Beechwood DR CHEUN CHASEAN
rnar rne an. by the at ransit pe crematian			B. CAUSE OF DEATI	ATH (Enter only one cause per the form H WAS CAUSED BY: IMMEDIATE CAUSE (o)	(a), (b), and (c).)	muffer	una,	INTERVAL BETWEEN
quires the physician. signed by burial-tran			4201 onditions, if any,	DUE TO which gave) (b)	240			year
e law requentending phase been signed as the bubriar tabu		S	ise to immediate tating the underl ast.	cause (o), (Due to				0
AN: The To al ar atten- icate has b far use as Health pric	2	ATION	PART II. OTHER SIG	NUFICANT CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
spital certificated for the far and the far th		E G	20a. ACCIDENT WAS DR CONTRIBUTING L IF EITHER, NOTIFY M	UNDERLYING ☐ 205. DE ☐ CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I	or Part II of item 18.)	
by the hospit (fter this certif be detached State Dept. af		MEDICAL	20c. TIME OF INJUI Haur o.m p.m	While	- Not While - focto	E OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City ar town)	(County) (State)
0 0 0 0 0			21. I certif	y that (I) (this haspital) atten	ded the deceased fram_	death occurred at	, to	, 19_o, that (I) (we) last d on the date stated above
be retained DIRECTOR: A ge 3 shauld led with the			220. SIGNATURE	Mare	M.C		CTOR STAFF PHYS.	22b. W. SKONED
ERAL DIR ERAL DIR DI, page	1		22c. PHYTILIAN'S NAME (Type)			S2 (Vu	nconer	Aue mendo
Page 4 may TO FUNERAL I director, page	2		BURIAL, CREMATIO REMOVAL (Specify)	6-28-66	23c. NAME OF CEMETERY OR C			le, Mont. Md.
VR A15 (4) . 20 M 1/66	13		runeral director		nsville, Md.	2Sa. REC'D BY		TRAR'S SIGNATURE Clianles Judal:

Burial 0-29-06 two isville

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Separate September 1998 BOBI BENEFIT

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0855	4		CERTIFICATI	E OF DEATH		1185	544		
Ī	. PLACE OF DEATH					Where deceased lived, if institution		pefore odmission)		
L	o. COUNTY MOT	ntgomery		MARYLAND	o. STATE Ita	Ly b. COUNT	Y			
T	b CITY OR TOWN	If outside corporate limi	ls,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
L	Bethese	d give neorest town) la (rural)		112 days	MXXXXXX	Parco Schis	a, Vi	lla #13		
1		TAL OR INSTITUTION (If n	ot in hospitol, g		d. STREET ADDRESS	51,500 KM	15-1	e. IS RESIDENCE ON A FARM?		
	U.S.	Naval Hosp	ital		Arco Fe	lice, Italy		YES NO X		
3	. NAME OF		irst	Middle	Lost	4. DATE Month		Doy Year		
ı	(Type or print)	Isa	bel	Jene	Bacon	OF June	23	1966		
5	S. SEX	6. COLOR OR RACE	7. MARRIED		8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YE	AR IF UNDER 24 HRS.		
1	10o. USUAL OCCUPATION (Give kind of work done 10b.		WIDOWED	DIVORCED	May 6, 192	8 Jast birthdoy) yrs.	Months Do	7 Hours Min.		
Ti			10b. KI	ND OF BUSINESS OR	11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZEI	N OF WHAT		
0	during most of working life, even if retired) Housewife			MYA MYA	Washingt	COUNT	USA			
-	13. FATHER'S NAME				14. MOTHER'S MAIDEN I					
]	Harry D. V	Volfe			Isabel Ba	ldwin	CI.	C) 247		
	IC WAS DECEASED EV	DINHIC ADMED ECOCES	16.	SOCIAL SECURITY NO. 17.	INFORMANT	Addres	unevy	Chase, Md.		
L	no, or unknown)	(If yes give wor or dotes	U service	nknown Mr	s. L. L. Str	atton, 7103 Ri	dgeway	Ave.,/		
F		EATH (Enter only one co						INTERVAL BETWEEN		
1	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Carci	inoma of the r	ight breast	with metastase	s.	ONSET AND DEATH		
	1/0 X DUE TO bilateral bronchial pneumonia, and obstructive									
				undice.			1711			
	rise to immediate couse (o), Storing the underlying couse									
1	last.)	(c)							
1	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING T	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART I(0)	100	19. WAS AUTOPSY PERFORMED?		
ATIO								YES 🔀 NO		
TIE	20o. ACCIDENT WA		205. DE	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)	- 30: T			
15	(IF EITHER, NOTIFY	G CAUSE OF DEATH MEDICAL EXAMINER)	VI - 1-1							
300	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJ	URY Month, Doy, Yeor			ACE OF INJURY (Home, form		(County	y) (Stote)		
1 2	D.	m. 19	While of work	k ot work	tory, street, office bldg., etc.)					
1	21. 1 cert	ify that (%) (this ha	spital) attenu	ded the deceased fram_	March 2 ,1	9 <u>66, ta June</u> 2 640AM, fram causes a	3, 19_6	6that (A) (we) las		
	saw the d	eceased alive an_	oune 25	19 <u>00</u> , and the	at death accurred at	640AM, fram causes a				
ı	220. SIGNATURE	00.			ATTENDING	MED. STAFF	22b. DATE			
M.D. PHYS. L. DIRECTOR L. PHYS. Let June 24								24, 1966		
22c. PHYSICIAN'S WAME (Mype) J. F. ZIMMERMAN, M.D. 22d. ADDRESS U.S. Naval Hospital, Bethesda, 1								o Ma		
-										
12	230. BURIAL, CREMATI REMOVAL (Specif	ON, 23b. DATE THE						23d. LOCATION (City or Town) (County) (Stote) Arlington, Virginia		
-						- /	SISTRAR'S SIGN			
1	Robert A.	Pumphrey F	uneral	Home,				en Judgen		
	CALLICA TIP	A A	77 - 4-3	DATE WIND ON 1966 Policyle						

IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carean papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 haurs after death Poge 4 moy be retoined by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

- 2)		08555	CERTIFI	CATE OF	DEATH		08545
funeral and er death			PLACE OF DEATH D. COUNTY MONTAOME P.	MARYL	0. S	TATE ARESIDENCE (Whe	ere deceased lived, if institution: b. COUNTY	Residence before admission) Non + 90me PU
that the death certificate be executed within 24 haurs after death an. by the attending physician any completely filled in by the funeral ransit permit. Then please sentave carban papers. Pages 1 and crematian, ar remaval, and in any event, within 72 haurs after death			b. CITY DR TDWN (If outside carparate limit write RURAL and give nearest tawn)	c. LENGTH OF STAY IN		OR TOWN (If oursid	de carparate limits, write RURAL	and give nearest tawn) -7
iin 24 ha filled in t papers. hin 72 ha	70		d. NAME OF HOSPITAL OR INSTITUTION (IF I	at in haspital, give street address)	d. stre	EET ADDRESS	RROGATE 1	Pel. IS RESIDENCE ON A FARM? YES NO
ecuted withi completely f ave carban y event, with			DECEASED (Type or print)	rst Middle	BEN	KSTON	DATE Month OF DEATH JUNE	
any comp		S.	FW	7. MARRIED NEVER MARRIED DIVORCED	8. DATE (13/23	42 yrs. Mi	UNDER 1 YEAR IF UNDER 24 HP anths Days Haurs Mir
ate be		duri	USUAL OCCUPATION (Give kind of work dane ng most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	SH	ELBYCO	tate, ar foreign country) - ALA bama	12. CITIZEN OF WHAT COUNTRY?
th certific ling phys . Then premayal,			FATHER'S NAME John Edi	win Hayne	5	NON MAN	ie MARI	Tin
he death certificate e attending physician permit. Then please tian, ar remaval, and			WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknawn) (If yes give war ar dates	of service)	WEB	BANKS	husband) Address for 99151	BETHESDA HARROGATERO
that the in. by the ransit p			1B. CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Pule	mena	my Co	leva,	INTERVAL BETWEEN ONSET AND DEATH
quires that t physician. signed by the burial-transit			Canditions, if any, which gave rise to immediate cause (a),	(b) Adv	aure	I M	etastat	c 1
ending s been as the			stating the underlying cause but last. PART II. OTHER SIGNIFICANT CONDITIONS ((c)	TED TO THE TERM	1+ (co	TION CIVEN IN PART 1/61	19 WAS ALITOPSY
AN: The	0	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCC				19. WAS AUTOPSY PERFORMED? YES NO [
PHYSICIA ne hospita this certific etached fo Dept. af H			OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year		20e. PLACE OF INJ		20f. (City or town)	(County) (State)
by the free this be detected to State De		MEDICAL	Haur a.m. p.m. 19	While of work	factory, street	, affice bldg., etc.)		, 19 6 6thot (I) (we)
ATTEND etained CTOR: A shauld vith the			saw the deceased olive an_		nd that death	occurred at 3	M, from causes and	
be r DIRE	1		22c. PHYSICIAN'S	9/ Dune	M.D. PHYS	. ADDRESS	RECTOR PHYS.	6/13/66
TO HOSPITAL Page 4 may O FUNERAL director, pages shauld be fi			NAME (Type) ROBERT BURIAL, CREMATION, 23b. 0 ATE TO THE PROPERTY AND 16 16 16	G. BREWER EREOF 23c. NAME OF CEMET El mwood			onsin Ave., B. 23d. LOCATION (City or Town), Birmingham,	ethesda, Md.
2 Q = 5 5 √R A15 (4) 20 M 1/66		24	FUNERAL DIRECTOR yson Wheeler Fune	_ ADORESS	ckville	25a REC'D RY	Y REGISTRAR 2Sb. REGIST	RAR'S SIGNATURE

Rockville,

717.20

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212

()		D	ivision of STATISTIC	AT KEZEAKCH AND KECOKDZ	, 301 W. PRESION SIREET, BAL	HIMUKE, MAKYLAN	ID 21201
(M)		08556		CERTIFIC	ATE OF DEATH		08546
funeral and ter death		PLACE OF DEATH			2. USUAL RESIDENCE (Where deco	eosed lived, if institution: b. COUNTY	Residence before odmission)
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1		ntgomery	MARYLAN			Prince George
y the fururs after urs after		. CITY OR TOWN (If	outside corporote limits,	c. LENGTH OF STAY IN 1		orate limits, write RURAL	and give neorest town)
5 70 S	1		give nearest town)		Boltarillo		11 -
filled in b papers.	-	Silver Sp	ring	(Constant of the constant of	Beltsville d. STREET ADDRESS		e. IS RESIDENCE
		I. NAME OF HUSPITA	T OK INSTITUTION (IT NOT IN	hospital, give street oddress)	d. SIREEL ADDRESS		ON A FARM?
		Fairla	nd Nursing	Home	4825 Olympia	Avenue	YES NO
		NAME OF	First	Middle	Lost 4. DATE	Month	Doy Year
completely y event, with		Type or print)	IREN	E F	BARTON OF DEAT	H June	25. 19 66
omple event	S.	SEX		MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS
executive com		Camala		WIDOWED DIVORCED [7 October 1 1002		onths Days Hours Min.
and ce exe		Female	white (Give kind of work done	10b. KIND OF BUSINESS OR	October 1, 1902		12. CITIZEN OF WHAT
be ar		ng most of working li		INDUSTRY	11. BIKTHPLACE (County & Stole, of	loreign cooliny)	COUNTRY?
ate b ician lease and i		seams	tress	department st			U.S.A.
physician en please oval, and	13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
eath certifi ending phy mit. Then ar remayal		Josep	h I. LaSalle		Clara Ma	y Hudson	
in Ten		WAS DECEASED EVER	IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Address	
attending permit. The ion, ar remo	(Ye		If yes give wor or dotes of se	579 12 4909	W.1. D II	1 0	112
on,		no	711 15	310=12-4000	Wilirene B. Hette	nhouser S	ame as #4
that the dan. by the attransit percremation,		1B. CAUSE OF DEA	ATH (Enter only one couse (H WAS CAUSED BY:	per line for (o), (b), ond (c).)	ne neneen	~10.1	INTERVAL BETWEEN
that tan. by the ransit		TAKI II DEATI	IMMEDIATE CAUSE (o)	155591KH10K	1 PEPRES	260N	min
		443	DUE TO	2 2 2 20			
equires the physician. signed by burial-trail		Conditions, if ony,		CSISSISKAL	VASC. AC		1244
		rise to immediate	couse (o),				10 11
the law requires attending physici has been signed se as the burial-in priar ta burial, and the second of the seco		stoting the underl	ying couse	H9158751181	VS CARD V	ASC. DI	SYSAKS
e law trendir as bee as th priar t			NIFICANT CONDITIONS CONT	EDIDITING TO DEATH DIT NOT DELATE	D TO THE TERMINAL DISEASE CONDITION G	IVEN IN DADT 1(a)	19. WAS AUTOPSY
The atternation by the properties of the propert	No.	AID AIA	NIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE CONDITION G	VEN IN PART I(0)	PERFORMED?
	SAT	UKZM1	A, LONGS	STANDING AK	TERIOSCIEROSI	5	YES NO
IAN: ral ar ficate for u	CERTIFICATION	20o. ACCIDENT WAS	UNDERLYING 🗆	205. DESCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in Port I or I	ort II of item 1B.)	
		OR CONTRIBUTING E					
PHYSICIAN ne hospital this certifica etached far Dept. af He	MEDICAL		RY Month, Doy, Yeor	20d. INJURY OCCURRED 20	e. PLACE OF INJURY (Home, form, 20f	. (City or town)	(County) (Stote)
thi thi det De	MED	Hour o.m	. 10	While - Not While -	foctory, street, office bldg., etc.)		
by t ffer ffer be o		p.m		ot work at work	10 //		
TENDIN ined by OR: Afte auld be the Sta		21. 1 certif	y that (I) (this haspit	al) attended the deceased fro		, ta 201 2	5,79 (4, that (1) (we) lo
TE in E			ceased alive an	WE 23 1944, and	that death accurred at	_M, fram causes and	d an the date stated abov
A S D S S		220. SIGNATURE	// -/	1811	ATTENDING MED.	STAFF -	22b. DATE SIGNED
dy 3 R e d			helives	Pillelan.	M.D. PHYS. DIRECTOR		
y be y be gage filed		22c. PHYSICIAN'S			22d. ADDRESS	The state of the s	
RAI Page be fil		NAME (Type)	Richard P	Delaney, M. D.			
TO HOSPITAL OR ATTEND Page 4 may be retained by To FUNERAL DIRECTOR: Af director, page 3 shauld be should be filed with the S	22-	BURIAL CREMATION				LOCATION (City or Town)	(County) (Stote)
E Section 1		REMOVAL (Specify)			Zi OK CKEMIATOKI 250.	LOCATION (CITY OF TOWN)	(county) (stote)
55590		urial	6/29/66	Cedar Hi	110 Co	olmar Mana	or P.G. Mc
VR A15 (4)	24	FUNERAL DIRECTOR		ADDRESS		41.464.6	TRAR'S SIGNATURE
20 M 1/66	1	Francis (Gasch's Son	s Hyattsville, N	Ad. DATEJUN 2	3 1966 ACC	iarles Judge

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RES

EARCH AND RECORDS, 3	01 W.	PRESTON	STREET,	BALTIMORE	1,	MARYLAND
EARCH AND RECORDS, 3 CERTIFICATE	OF	DEATH				11854

1	08557	CERT	IFICATE	OF DEATH		118547
1.	PLACE DF DEATH a. CDUNTY			a STATE	h COUNT	itution: Residence before admission)
	Montgomery		MARYLAND	West V	/irginia	
	 CITY OR TOWN (if outside corporate write RURAL and give nearest town) 	limits, c. LENGTH OF	STAY IN 1b	c. CITY OR TOWN (If ou	itside corporate limits, writ	e RURAL and give nearest town)
	Bethesda	3 De	·		rchard	85.3
	d. NAME OF HOSPITAL OR INSTITUTION	(if not in hospital, give str	reet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	e Clinical Center, E				reet Address	YES NO X
3.	NAME OF First	t Middl	10	Last	4. DATE Month	Day Year
	(Type or print) Will		than	Beckner	DEATH Jun	
5.	SEX 6. COLOR OR RACE 7	. MARRIED X NEVER MA	RRIED 8	. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	Male White		ORCED	8 May 1908	58 yrs.	
1Da dur	. USUAL DCCUPATION (Give kind of work do ing most of working life, even if retired)	INDUSTRY	SS OR		ity & State, or foreign country)	COUNTRY?
	Produce Worker	Farming		Virginia		USA
13.	FATHER'S NAME	7		14. MOTHER'S MAIDEN		
	John William			Izatta Gi		
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FOR (s, no, or unkown) (If yes give war or dates of s	arvice)			lical Recordress	
	No	235-28-58	SZO The	e Clinical Ce	enter, Bethesd	a 14, Maryland
	18. CAUSE DF DEATH [Enter only one	cause per line for (a), (b),	and (c).]			ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	Myocardial	Infarct	ion		0.0021.1.1.2
	7545 DUE TO					
Н		Congenital	Aortio	etanoeie	58 Years	
	gave tise to immediate		AUI LIC	Stellusis		
	underlying cause last					
No	PART II. OTHER SIGNIFICANT CONDITION		BUTNOTRELA	TED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN P	PART 1(a) 19. WAS AUTOPSY
ATI						PERFORMED?
FIG	Aortic valve replantation Accident was underlying	acement	INITIDY OCCU	DDED (Enter nature of h	njury in Part I or Part II of	
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH		INJUNI OCCU	KKED. (Eliter haters of h	injury in Part I of Tart II of	16.17
	2Dc. TIME OF INJURY Month, Day, Ye		FD 120e PI AC	E OF INJURY (Home, farn	n, 20f. (City or town)	(County) (State)
MEDICAL	Hour a.m.	While - Not While	factor	y, street, office bldg., etc.	.)	(2007)
ME	p.m. 19	at work at work				
	21. I certify that (1) (this hospit	tal) attended the deceas		29 May , 19	66, to L June	_, 19.66_, that 10 (we) last
	out the decoded and bu	June 19 6	o, and that	death occurred ato:	40M, from the causes a	and on the date stated above.
	222 STGNATURE	1/1		ATTENDING - ME	PM STAFF	22b. DATE SIGNED
	I faled for	/lle.	M.D.	PHYS. DI	RECTOR PHYS. X	2 June 1966
	22c. PHYSICIAN'S NAME (Type)	70.0			e Clinical Cer	
	Robert L	. Reis, MD.		Institutes		ethesda 14, Md.
232	DEMOVAL (Specify)		OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	
	Removal 6/3/	66			Beckley, Wes	st Virginia
24	. FUNERAL DIRECTOR	ADDRES	SS	25a. REC'I	D BY REGISTRAR 25b. RE	
	FRAZIERS FUNERAL	HOME D.C	•	JAIN 6	1966 Jelie	was Judge

VR A15 (4) 20M 1/65

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Profession date

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FOR S	STATE		08558		EDICA		. = = = = = = = = = = = = = = = = = = =	E OF DEATH	(18	548
HEALTH	DEPT.	1.	PLACE OF DEATH a. COUNTY		<u> tems</u>	10e, 14, 15 F1	2. USUAL RESIDE	NCE (Where deceased lived, If	f Institution: Residence OUNTY	before admission)
e a 2	Se !		h Alty on Thur	Montgome		MARYLAND	D	is t. of Col.		
elay is necessary, 13 to the funeral Page 5 may be	Department after death		write RURAL	N (If outside corporat and give nearest tow	n)	c. LENGTH OF STAY IN 1		If outside corporate limits,	, Write KUKAL and giv	e nearest town)
The fire	epar ter	-	d NAME OF HOS	Bethesda	N /If not in	7 days		ashington	47	. IS RESIDENCE
to the	affe of		d. HAME OF 1103		et (II not in	mospital, Kiva streat address			TAX TO SELECT	DN A FARM?
Page	State hours	2	NAME OF	Suburban		WI to the		600-Albemarle	St. N.W. Y	Year
any del 2, and PM3.	the 72 h	3.	DECEASED (Type or print)		rst	Middle	Last	OF	,	1956
	节节	5.	SEX	6. COLOR OR RACE	7 MADDIE	C. DE NEVER MARRIED	Benson 8. DATE OF BIRTH	9 AGE (In ves	ane 11	
th. If ges 1, form	2 with within	17.	31-7-	* *	WIDOWE		E/10/07	last birthda	ay) Months Days	Hours Min.
Pag Th	and Swem	108	Male . USUAL OCCUPAT	White ION (Give kind of work)	done 10b.	KIND OF BUSINESS OR	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN	OF WHAT
Sive Wi	Te a	dur	ing most of worki	ng life, even if retire	d)	elephone Co.	Diet	of Columbia	COUNTRY	U.S.A.
4 hours after death. Item 18. Give Pages ffice along with for	pages 1 In any	13.	FATHER'S NAM	E	TIGGIT	erebuone oo.	14. MOTHER'S MA			0.0.11
ours m 1	Pag u		Joseph	Benso	n		Norma	Hot/ Ham		
24 houn Item Office	File	15	. WAS DECEASED E	VER IN U.S. ARMED FO	RCES? 16	. SOCIAL SECURITY NO. 17	INFORMANT		dress	
	permit. I removal,	CIG	s, no, or unkown)	(If yes give war or dates o	(Service)		Norma Be	nson/same as	above.	
with	ешо			DEATH [Enter only on	e cause per	line for (a), (b), and (c).]			LINTE	RVAL BETWEEN
in i	or r		PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a) ~ M	witiPle In	spries of be	cain + Drain	Stamp	ET AND DEATH
ate should be executed within he word "pending" in pencil! the Chief Medical Examiner's	burial-transit cremation, or	10	8234	DUE						7 days
e es endi	burial-tran cremation,		Conditions, if a		(b)/	racture-ofs.	1011-19100	ma-stom Aus	b. Acciden)	- Jane
d d A	bul		cause (a), st	ating the DUE	TO OT					
shou Ohie	as a	-	underlying caus		(c)			L DIGE A CONTINUE ON CONTINUE	N IN PART 1(a) 119.	WAS AUTDPSY
he y	used as a to burial,	CERTIFICATION	PART II. UTHERS	IGNIFICAN I CONDITIO	INS CONTRIE	BUTING TO DEATH BUT NOT RE	LATED TO THE TERMINA	T DISEASE COMPILION GIVEN		PERFORMED?
his certificate writing the varded to the	200	FICA	20. EVTERNAL	CALLET WAS	1 20b	DESCRIBE HOW INJURY OC	CLIDDED /Enter nature	of Infury In Part I or Part	II of Item 18)	S NO
iting	d be	ERTI	PRIMARY DI OF	CAUSE WAS CONTRIBUTING THE						
ar w	3 should bagent, prid	AL C		NJURY Month, Day,		INJURY OCCURRED 2De. P	LACE OF INJURY (Home,			(State)
R: Th ate, forw	age age	MEDICAL	Hour a.m	1. 11.	While	a Not While Q fac	tory, street, office bldg.	.etc.)	burg Ment	
tific be	ed le	N	12 12		66 at wo		ghwn 70.		and the second	
EXAMINER: certificate nould be fo	R: Page ignated				_	mains described above, I			nquiry X , and ned manner	d in my opinion
and to	desi		death result	ed Itom: Inatural	causes	, Accident ,		CAL EXAMINER	ned manner	
Dic.	its its		ACTUAL	Orland	n. Be	el		MEDICAL EXAMINER	22	. DATE SIGNED
Page	0 0		SIGNATURE	1					1/12/66	
			NAME (Type)	John G. Bal	1		Address (Str	eet, city, town, or county)	,	
o DEPUTY please e director.	FUN FUN F He	238	BURIAL, CREM	clfv)		23c. NAME OF CEMETE	RY DR CREMATORY	23d. LOCATION (CIT		(Stete)
2 200	2 2 2		Burial	[June]	5,196			Bladensbur	g Rd.,	Md.
	20	24	FUNERAL DIRE	CTOR TOR	innex	ADDRESS 5101 Mis., Ave			Clarles Que	ATURE
	A15ME D 4-64		Muy	91	my	Washington, D.	DATE	1 1300	maries Ju	age

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OS53

CERTIFICATE OF DEATH

00000	110049
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission
Montgomery MARYLAND	. STATE Mary land b. COUNTY ONTEOMERY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) RUSING TOM 9 MONTH	WHENTON
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE
Carroll Hall Santarium	12906 ESTELLE ROAD YES NO
3. NAME OF First Middle	D Last 4. DATE Month Dey Year OF
(Type or print) HESTER MAY	Dest DEATH JUNE 26 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	MARCH 24/893 Bust Brinday Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
Housewife AT. Home	KIARGLAND H.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN EARP	HNKNOWN
	INFORMANT Address WIFEATON MD
(Yes, no, of unkown) (If yasgivewarordatesofservice) 578-20-5373-	MORRIS BEST-12906 ESTELLE RD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INSU HICONCE
DUE TO	
Axtonico	lancis - appalial
Conditions, if any, which gave rise to immediate cause	CIOSO GENTINIEN
(a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
DIABETES INPlieto	YES NO NO
OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter nature of injury in Part I or Part II of item 18.)
9	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
Hour e.m. While Not While at work at work	
21. I certify that (1) (this hospital) attended the deceased from.	6/26, 1966, to Propert, 19, that (1) (we) last
	death occurred as 33 M, from the causes and on the date stated above.
122. SIGNATURE A	/ 22b/ DATE
Andrew W	A.D. PHYS. DIRECTOR PHYS. C/26/CC SIGNER
22c. PHYSICIAN'S	22d. ADDRESS
JAME (Type John B. Umhau	8805 Conn. Ave, Chan Chose Me
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL 6/29/1966 CODER HILL	Cometery Sulling, PR.GOD. Co MO
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
W.W CHAMBER, FIR. SILVER SPR.	ING ME DATE III 1 1966 Icharles Judge

VR A15 (4) 2DM 5-63

April Agraphy 1 100 miles and a second and a

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral and 2 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY a. STATE b. COUNTY by the figures 1 ars after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside-corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) bon papers. Pag within 72 hours UEK UE 드 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X etely carbon 3. NAME DE DATE Month Year Middle Frances DECEASED DE event, ILLINGS DEATH comple (Type or print) 11 CILL 19 executed 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED геточе last birthday) Months Days and any WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT lan COUNTRY? Housewite Own Home certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal attending premit. Then Cecil Pemberton Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 8 Dartmouth Ave 0 (Yes, no, or unkown) | (If yes give war or dates of service) cremation. None None 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN been signed -, the burial transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. DUE TO invocations Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. has as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate be retained by the hospital or YES X NO I After this cerum. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) factory, street, office blog., etc.) Hour a.m. Not While at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Jage 3 should liled with the and that death occurred an 10/14M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. STAFF 6/21/66 DIRECTOR TO FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) 9006 Colesville Rd., Silver Spring, Md. William D. Aud. M.D. BURIAL, CREMATION.I 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) George Wash. Mem. Cem. Huattsville. Maryland 1966 Burial 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Munices Georgia Avenue 1966 VR A15 (4) 1/65

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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	00000												
1.	PLACE DF DEATI	Н					2. USUAL F		Where dece		f institution: R OUNTY	Residence before	admission)
		comery			MARY	LAND		rvland		AM 40	ent Cou	ntv	
	b. CITY OR TOW	N (if outside corpora and give nearest tow	te limits	s, c. L	ENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If out:	side corpo	orate limits	, write RURAL	and give near	est town)
	Bethe		,,,		29 Day	s	Chestertown 14 2						
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (If no	t in hospita			d. STREET A	OORESS					SIDENCE FARM?
Th	ne Clinic	al Center,	Bet	hesda	14, Mar	ylan	l Ro	ute #2	, Box	209		YES 🗌	[77]
3.	NAME DF DECEASED (Type or print)		rst b ert		Middle Frankl	in	Blac	k 4.	OF DEATH		onth June		ear 66
5.	SEX	6. COLOR OR RACE	7. MAR	RIED	NEVER MARRIE	D 🐼 8.	OATE OF B	IRTH	9.	ACE (In yea	ars IF UNDER ay) Months	1 YEAR IF UND	
N								1951		14 yrs		Oays Hour	s Min.
1Da	USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 1	LOD. KIND O		1	11. BIRTHE	LACE (County	y & State, e	or foreign cou	intry) 12. C	ITIZEN OF WHI	AT
uuı		dent		-		Mar	yland				USA		
13.	FATHER'S NAM	E		1		R'S MAIDEN	NAME						
	Dan	iel Black					April -	Anna	John	son			
	. WAS DECEASED	EVER IN U.S. ARMED FO		16. SOCIA	ALSECURITYNO	0. 17.	NFDRMANTT	he Med	ical	Recoff	dress		
(16	NO NO	(If yes give war or dates o	it service)		lone						esda 14	, Maryl	and
		DEATH [Enter only or	e cause				7 7 2 2 1 1 2	002 00	,,,			I INTERVAL B	
				-			-4 7 o	£047				ONSET AND	DEATH
	1/211.	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) R	ignt (Heart)	venti	ricular	Iallu	re			6 Hour	3
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_	underlying caus				Pulmons							18 Mor	
NO.	PART II. OTHER	SIGNIFICANT CONOITI	ONSCON	TRIBUTING	TO OEATH BUT I	NOTRELAT	ED TO THE TE	RMINAL OISE	ASE CONO	ITION CIVE	VIN PART 1(a)	19. WAS A	AUTOPSY ORMED?
CAI	Maria and a											YES X	NO [
CERTIFICATION	OR CONTRIBUTI	WAS UNDERLYING TING CAUSE OF OF OTHER TIFY MEDICAL EXAMI	TH	Ob. DESCR	IBE HOW INJU	RY OCCUR	REO. (Enter	nature of inju	ury In Par	t I or Part	II of Item 18	.)	
		INJURY Month, Day,	1	20d INIIIRY	OCCURRED 1	20e PLAC	E OF INJURY	(Home farm	1 20f (f)	Ity or town) (Co)	unty)	(State)
MEDICAL	Hour a.s		100		Not While	factor	y, street, offic	e bldg., etc.)	2011 (0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
ME	р.		a	t work	at work				,	0		,	
	21. I certif	fy that () (this hos	pital) a	ttended th	e deceased f	rom_4	May			2 June		that (A)	
		ceased alive on	2 Ju	ne	_19_66_, a	and that	death occur	red at 12:	30M, Acor	Mithe caus			d above.
	22a. SIGNATU	RE)	/	7			ATTUMBLM		AM	CTAFE	22b. D	ATE SICNED	
944	M.O. ATTENDING MED. STAFF 2 June 1966												
	226. PHYSICIA NAME (T	una)					22d. A0	DRESS The	Clin	ical (Center,	Nation	al
		Robert	L. R	leis, l	MD.			tutes	of He	alth,	Bethes	da 14,	Md.
232		MATION, 23b. DATE	THEREO	F 230	. NAME OF CI	EMETERY	OR CREMATO	RY	23d. LOC	ATION (Cit	y, town or co	unty) (State)
	REMOVAL (Spe	6/3/6	6						Ches	terto	wn, Mar	vland	
24	. FUNERAL DIRE				ADDRESS		1	25a. REC'O	BY RECIST	TRAR 25b.	REGISTRAR	'S SIGNATURE	
	FRAZIE	RS FUNERAL	HOME	D.0	J.			DATEUN E	5 18	366	gelian	es judg	-

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CERTIFICATION

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after death. hours 24 within executed pe certificate death requires that the PHYSICIAN: O HOSPITAL

VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. CDUNTY a. STATE b. COUNTY Montgomery PRINCE Georges Mary MARYLANO land CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) Silver Siring ad en5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5408 DU ROSS 101 HOSPITA NO TO YES NAME OF First Middle Last DATE Month Oay Year DECEASED Blisard oseph (Type or print) Raymond DEATH 10 19 66 SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIEO last birthday) Months Days Hours MIn. male 1TK une 9, 19 WIDOWED DIVORCED 32 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Infant Maryland 13. FATHER'S NAME MOTHER'S MAIDEN NAME lisard ghu aymond 9 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMÁN 16. SOCIAL SECURITY ND. Address (Yes, no, or unkown) (If yes give war or dates of service) mother 18. CAUSE OF DEATH [Enter only one cause per-line for (a), (b), and (c).] INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES T NO T 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 66, that (i) (we) last 6, and that death occurred at 6A saw the deceased alive on. .M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D. PHYS. DIRECTOR PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) ORE BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Silver Spring, Buria. Gate 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Tyson Wheeler Funeral Home 1331 Rockvi

6-205901

president of the TARREST AND THE SOURCE OF THE . No. collection and

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. 2 with the State Department within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 3 of Health or its designated agent, prior to burial, cremation, or removal, and in any event

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24. FUNERAL DIRECTOR ROBERT A.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	08563	M	EDICAL	EXAMINER'S	S CERTIFICATE	OF DEATH	(18553_	
1.	PLACE DF DEAT	Н					f Institution: Residence before admiss	lon)
	a. 000M11	Montgor	ne1-4	MARYLAN	a. STATE	d. B. C.	OUNTY Montgomery	1
		/N (If outside corpora	ate limits,	C. LENGTH OF STAY IN		outside corporate limits	, write RURAL and give nearest to	wn)
	3 /	inaton-	Willy	D.O.A	Ken	sington	15.1	
			ON (If not In hosp	pital, give street addre	ss) d. STREET ADDRESS		e. IS RESIDEN	
	4501	Dresden	15+.		4501 Di	resden-St	Freet YES NO	-
3.	NAME DF DECEASED	F	Irst	Middle	Last	DF	lonth a Day Year	
:	(Type or print)		EPHEN	1 JOSEP	H DORRE		une 25 1966	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	ars IF UNDER 1 YEAR IF UNDER 24 ay) Months Days Hours M	HRS.
	W.	W.	WIDOWED _] DIVORCED	11/9/46	- 19 yrs	s. 7 16	
10a	I. USUAL OCCUPAT	FION (Give kind of work ling life, even if retire	kdone 10b. KINI ed) IND	D OF BUSINESS OR USTRY		ate or foreign country)	COUNTRY?	
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13.	FATHER'S NAM				14. MOTHER'S MAIDI			
	Louis	· 2. Bori	re.		Nochie	- Fenogi	110	
		EVER IN U.S. ARMED F		CIAL SECURITY NO.	17. INFDRMANT	Ad	dress	
	No		Un	known	Louis J. Bo	ore		
		DEATH [Enter only or			- 1	4	INTERVAL BETWE	EN
5		EATH WAS CAUSED BY IMMEDIATE CAUSE	E (a) - Puli	monzig F	Edema. Ac	vie	DNSET AND DEAT	
8	7230	DUE	E TO				1 - 0	
	Conditions, If gave rise to		(b) 705	often. Bod	4 - Rubber ba	nd, Xt mol	n-bronchus. 2 hi	to:
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	underlying cau		(c)				THE PART OF THE PA	201/
CERTIFICATION	PART II. OTHER:	SIGNIFICANT CONDITI	IONS CONTRIBUTI	ING TO DEATH BUT NOT	RELATED TO THE TERMINAL D	ISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOP PERFORMED YES X NO	D?
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ERT	PRIMARY OF	CONTRIBUTING TH.	200. DE	~ 1 10	holed a su			
		INJURY Month, Day,		URY OCCURRED 200.	PLACE DF INJURY (Home, far			9)
MEDICAL	Hour, a.	m, // -	While -	Not While	actory, street, office bldg., et	(c.)		
ME		m. $6/25$ 19	at work	at work	Home-		ages /vaiii	tin-
					held an Autopsy 🔀,		Inquiry X, and in my opin	nion
	death result	ted from: Natura	al causes,	Accident X,	Suicide, Homiclo		ined manner	
	ACTUAL	9.8	1. B.	111	CHIEF MEDICAL	DICAL EXAMINER	22. DATE SIGN	RED
	SIGNATURE	fren	[1].	-u	NI.D.	AL EXAMINER	6/25/66	
	EXAMINER'S NAME (Type)	JOHN (G. BALL			The same of the sa	Bethesda. Md.	
238	BURIAL CREM	MATION.I 23b. DATE		23c. NAME OF CEME		23d. LOCATION (Cit)
Bu	rial-ti	ecify) sit 6	-25-66	St. Josep	h's Cemetery	W. Roxbe	erry. Mass.	

VR A15ME 3500 4-64

ADDRESS A. PUMPHREY, Bethesda, Md.

St. Joseph's Cemetery W. Roxberry rry Mass.
REGISTRAR'S SIGNATURE
ACTION LINES JUNGE REC'D BY REGISTRAR 25b. 1966

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY b. COUNTY by the and 2 death MARYLAND by th b. CITY OR TOWN (if outside corporate limits c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town c. LENGTH OF STAY IN 16 and give nearest town) 2 72 hours after Pages pe e. IS RESIDENCE d. STREET ADDRESS YES NO NA papers. NAME OF complete 4. DATE Day Middle Month DECEASED OF (Type or print) DEATH carbon with 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED physician and last birthday) Months Days Hours WIDOWED remove 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY or foreign country) done during most of working, life, even if retired) please 13. FATHER'S NAME attending WAS DECKASED EVER IN U.S. ARMED FORCES? no, or unkown) | (If yes give war or detes of service) INTERVAL STWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end,(c).] P PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate ceuse DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that (I) (this hoppital) attended the deceased from (X to. saw the deceased ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. FUNERA rector, page HYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) O. F. S REMOYAL (Specify) Burtonsville. Md. June 7.1966 Union Cemetery Buria 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A1S (4) DIRECTOR'S SIGNATURE Laurel. Md

ON A FARM?

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(State)

22b. DATE

(State)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT EXAMINER'S CERTIFICATE OF DEATH **EALTH DEPT** USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH 1. b. COUNTY MARYLAND necessary, the funeral 5 may be Department after death. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) lay is nec 3 to the Page 5 n d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? State hours 70 ND Z YES del Month NAME OF DATE Year 3. First Middle Last DECEASED 0F DEATH 196 (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX DATE OF BIRTH 6. COLOR OR RACE form 7. MARRIED NEVER MARRIED death. I WIDOWED DIVORCED event BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. Give COUNTRY? INDUSTRY during most of working life, even if retired) after along 1 any pages in any 24 hours af in Item 18. 13. FATHER'S NAME MOTHER'S MAIDEN NAME File Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT e as abor (Yes, no, or unkown) | (If yes give war or dates of service) in pencil in permit. I Examiner's EXAMINER: This certificate should be executed within INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 0 burial-transit "pending" Medical DUE TO Carolio Vascular Disease ears Conditions, If any, which (b) crema gave rise to immediate DUE TO cause (a), stating the writing the word arded to the Chief B underlying cause last. ed as burial, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY CERTIFICATION PERFORMED? NO X YES us of DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS or be be forwarded PRIMARY | or CONTRIBUTING | Pa CAUSE OF DEATH. 3 should agent, 1 MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED the certificate, factory, street, office bldg., etc.) Hour a.m. Not While While CTOR: Page designated at work at work Inquiry and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection should DIRECTOR: Undetermined manner death resulted from: Suicide Homicide Natural causes Accident Bethesda, Md. CHIEF MEDICAL EXAMINER YOUR ts 22. DATE SIGNED execute Page for you ACTUAL ASSISTANT MEDICAL EXAMINER O DEPUTY MEDI SIGNATUR 0 FUNERAL f Health or DEPUTY MEDICAL EXAMINER JOHN G. BALL please ex director. retained 1 **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 0 Burial - Transit Franklin Memorial Park New Brunswick, N. Jersey 6 - 2 - 6625b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Bethesda, Maryland ROBERT A. PUMPHREY. VR A15ME

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30 19 66 AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? East Schmyler Road Maruland INTERVAL BETWEEN ONSET AND DEATH days PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO YES OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part 1 or Part II of Item 18.) (State) (County) LOCATION (City, town or county) (State) rince yearges (0., REGISTRAR'S SIGNATURE REC'O BY REGISTRAR 25b. FUNERAL DIRECTOR ADORESS 1966 DATE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prosted and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

be executed within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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	d. NAME OF HOSPITA	AL OR INSTITUTION (if not	in hospital, give street addre	ss) d. STREET ADDRESS	2/	e. IS RESIDENCE ON A FARM?
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3.	NAME OF DECEASED (Type or print)	First 4	Middle	Last 4	DATE Month	Day Year
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	Statistic	al Clerk	Labor Vep.		Washington, D.C.	. 11,51
13	. FATHER'S NAME	11 1	/	14. MOTHER'S MAIDEN	NAME	
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(Y	es, no, or unkown) (Ify	INU.S. ARMED FORCES? yes give war or dates of service)		7. INFORMANT	# 3 Hillton Re	nad
	No 1	Vone	None S	tanley Hurwitz	Silver Spring	Maryland
	18. CAUSE OF DEAT	H [Enter only one cause	per line for (a), (b), and (c).]			ONSET AND DEATH
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MEDICAL	Hour a.m.		vnite Not wnite	ctory, street, office bldg., etc.)		
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	21. I certify th	at (I) (this hospital) at	tended the deceased from.		3, to VUNE 6, 1	
	saw the deceas	ed alive on Vo	1966, and 1	hat death occurred at	M, from the causes and	
	22a. SIGNATURE	244.	^			. DATE SIGNEO
	1 Hobe	Nd. Arie	lunds	M.O. PHYS. MEI	D. STAFF PHYS. V	UNE 61966
	22c. PHYSICIAN'S NAME (Type)	ROBERT L. 1	TRICHMAR M	22d. ADDRESS	SHNGON D.C	20012
238	a. BURIAL, CREMATIC	ON, 23b. DATE THEREOF	1 23c. NAME OF CEMET		23d. LOCATION (City, town or	r county) (State)
R	REMOVAL (Specify	June 8, 196		morial Park	0 11 01 1	Virginia
24	. FUNERAL DIRECTO		ADDRESS .	25a. REC'D	BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE
1,1	c n	(centants	8434 yeargia H	70.7	3 1966 Jelian	en Judge
W	arner C. Pi	unphrey, Inc.	Silver Spring,	Ma. GABI I	0 1000	0

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #2c&d CERTIFICATE OF DEATH 08568 death, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) puo 1. PLACE OF DEATH campletely filled in by the funeral b. COUNTY o. COUNTY a. STATE MARYLAND LENGTH OF STAY IN 1b b. CITY OR TOWN (If betside carporate limits write Rocal and give nearest town) e. IS RESIDENCE ON A FARM? ban papers. within 72 ha d. STREET ADDRESS (If/nat in hospital, give street address) YES NO 4. DATÉ, Day Year Middle carban 3. NAME OF OF S DECEASED 19 DEATH (Type or print) IF UNDER 24 HRS. IF UNDER 1 YEAR AGE (In years S. SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last_birthday) Manths Hours A DIVORCED WIDOWED 12. CITIZEN OF WHAT 11. BIRTAPLACE (County & State, ar fareign country) 10b. KIND OF BUSINESS 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mna MOTHER'S MAIDEN NAME 14 13. FATHER'S NAME signed by the attending and burial-transit permit. Thea burial, crematian, ar remaval Address 758 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes give war or dates of service Takoma la INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO 2002 Conditions, if any, which gave rise ta immediate couse (o), DUE TO stoting the underlying couse FUNERAL DIRECTOR: After this certificate has been as the priar to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) use age 3 shauld be detached far use filed with the State Dept. af Health YES NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, form. (County) (Stote) 20f. (City or town) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour a.m. While Nat While ot wark at wark 21. I certify that (I) (this haspita)) attended the deceased fram 1966, and that death accurred at 60 M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. George H. Mitchell DIRECTOR PHYS. M.D. directar, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) Rockville Kockville 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Tawn) (County) (Stote) 23b DATE THEREOF BURIAL, CREMATION, REMOVAL (Specify) Arlington National inaton. 2

Her Spring

2Sb_ REGISTRAR'S_SIGNATURE

Charles

2Sa. REC'D BY REGISTRAR

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

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 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Poge 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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1.	. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE ((Where deceased lived, if institution: R b. COUNTY	esidence befare admission)
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			n hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
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3	. NAME OF	First	Middle	Last	4. DATE Month	Day Year
	(Type or print)	Howard	Elgar	inthos Bryan	OF DEATH 6-29-66	19 -
S.		6. COLOR OR RACE	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF U	INDER 1 YEAR IF UNDER 24 HRS.
	Male	White	WIDOWED DIVORCED	5-5-12	5)1 Yrs.	mins outs thous min.
10	Oa. USUAL OCCUPATIO	N (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County	y & State, ar fareign country)	12. CITIZEN OF WHAT
di	uring mast af warking		INDUSTRY			COUNTRY? USA
1	Mechar 3. FATHER'S NAME	nic	L Automobile Co.	14. MOTHER'S MAIDEN	NAME	ODA
				TI. MOTHER S MAIDER		
-	HOW	rard ER IN U.S. ARMED FORCES?	C. Bryan	17. INFORMANT	garet Parsley	
(Yes, na, ar unknawn)	(If yes give war ar dates af s	ervice)	I/. INFURMANT	Address	
	no			Hospital ad	mission record	
	1B. CAUSE OF D	EATH (Enter only one cause	per line far (a), (b), and (c).)			INTERVAL BETWEEN
н	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cerebral 1	Che meloro	4	ONSET AND DEATH
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	rise ta immedia	te cause (a),				
	stating the unde	eriying couse				
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	22c. PHYSICIAN"	s/	V	22d. ADDRESS		
	NAME (Type	A.D. Boni	fant, M. D.	Sandy S	pring, Maryland	
7	3a. BURIAL, CREMATI	ON, 23b. DATE THERE	OF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior ta burial, crematian, ar removal, and in any event, within 72 haurs after death. executed within 24 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

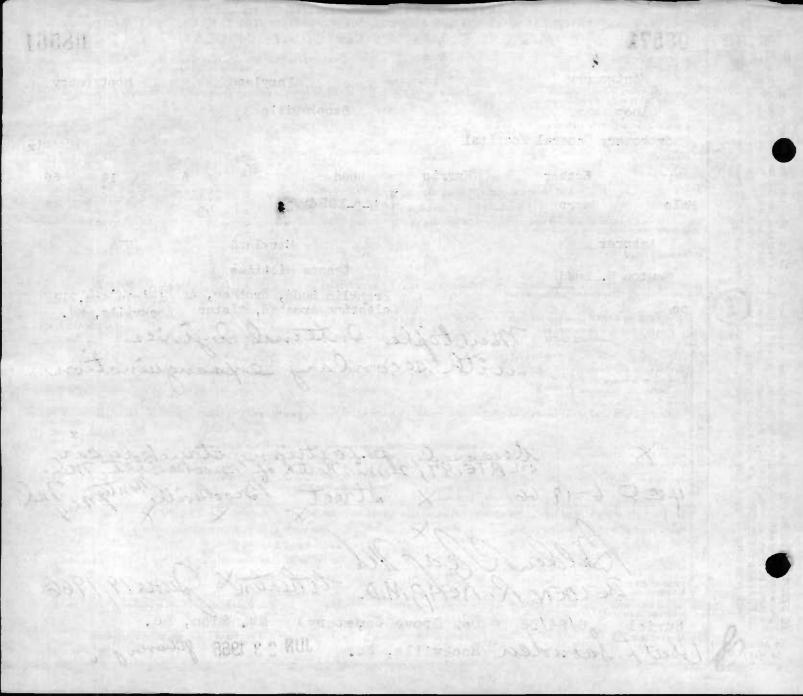
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THE REPORT OF THE PARTY OF THE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) director. Page or your files. a. COUNTY h COUNTY 50 Montgomery MARYLAND Maryland Montgomery h. CITY OR TOWN (if outside corporala limits, c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside comprate limits write RURA) and give nearest lown) write RURAL and give nearest town) for your Brookeville Olney d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE e ON A FARM? Montgomery General Hospital State after YES NO T 3. NAME OF ige 5 may be retail and 2 with the St within 72 hours a Middle Last 4. DATE Month Day Y-a DECEASED OF (Typa or print) Luther Harris DEATH Budd 19 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO 5 SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Male DIVOPCED WIDOWED hin 24 hours afte Give Pages 1, 2, rm PM3. Page 5 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (SIA or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired Laborer Maryland File pages TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME any Leanna Williams Newton W. Budd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT hould be executed within in pencil in Item 18. C Franklin Budd, Brother, AshLincoln Ave. 212 (Yes, no. or unkown) ((If yes give war or datas of sarvica) Celestine Armsted, Sister Rockvill RIERVM BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) certificate should be DUE TO Conditions, if any, which rogava rise to immediate causa DUE TO Se (a), stating the underlying pe nseq cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) L 19. WAS AUTOPSY CERTIFICATION writing the word Chief Medical E PERFORMED? burial YES X NO pinous 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Id 20c. TIME OF INJURY Month, Day, Year MEDI 7 10 66 at work at work ed to the 21. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from Natural causes Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE. DEPUT 50 EXAMINER'S please 4 should O FUN Health NAME (Typa) 226. BURIAL CREMATION. 22d. LOCATION CVY, town, or country) REMOVAL (Specify) Oak Grove Cemetery Zion, Ma. D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Rockville, Md.

OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08572		CERTIFIC	ATE	OF DEATH			08562
	PLACE OF DEATH				2. USUAL RESIDENCE (W	/here deceased lived, i		ce befare admissian)
	o. COUNTY	Montgomer	V MARYLAI	ND	o. STATE Marv	land	b. COUNTY	ice Thone
		If autside carparate limits,	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (If aut		write RURAL and give	nearest tawn)
	Bethe	give negrest town) Sda (rural)	8 days		Takoma Pa	ark	16	- 3
		AL OR INSTITUTION (If not in has	oital, give street address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
		val Hospital				n Allen Av	enue	YES NO 🔀
	NAME OF DECEASED	First	Middle		Last	4. DATE	Manth	Doy Year
	(Type ar print)	Hattie	Ball		Burger	DENTIL	June	1 19 66
S.	SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED		DATE OF BIRTH	9. AGE (In	years IF UNDER I	YEAR IF UNDER 24 HRS. Days Hours Min.
-	emale	- 0.00	WED 🔀 DIVORCED	F	'eb. 14, 188			
10o	. USUAL OCCUPATION	(Give kind of work done	Ob. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County 8		ry) 12. CIT	IZEN OF WHAT
	na most of warking Housewii	e	n/a		Washington	n, D. C.		UNTRY? USA
13.	FATHER'S NAME	Wadaa Dall			14. MOTHER'S MAIDEN N			
	MOUT	rom McAbe Ball			Priscilla			
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates af service)	16. SOCIAL SECURITY NO.		FORMANT N.W.			
1.0	no	(ii fes give war ar aares ar service)		Mrs.	Margaret .	Fox, 1221	Massachus	setts Ave.,/
		ATH (Enter only ane couse per li TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ne for (a), (b), ond (c).) Acute Myocardi	ial J	Infarction			ONSET AND DEATH
	Conditions, if ony					1000		
	rise to immediat stating the unde	e couse (o), (Due To		-	100			
	last.) (c)						
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATE	D TO THE	E TERMINAL DISEASE CON	DITION GIVEN IN PART	1(a)	19. WAS AUTOPSY PERFORMED? YES X NO
MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	05. DESCRIBE HOW INJURY OCCU	RRED. (Er	nter nature af injury in F	Part I ar Part fl of iten	n 18.)	
MEDICAL	20c. TIME OF INJU Haur a.r p.r	n.	20d. INJURY OCCURRED 20 While Not While at wark 2		OF INJURY (Hame, farm, y, street, affice bldg., etc.)		tawn) (Cau	unty) (State)
	21. I certi	fy that (t) (this haspital) o	ittended the deceased fro	amM				6, that (4) (we) la
	saw the d	eceased alive an June	1 19.66, an	d that	death accurred at:	1115 M, fram		he date stated above
i	220. SIGNATURE	ancie C.	Johnson	M.D.		MED. STA	AFF TO Tana	ate signed ne 3, 1966
	22c. PHYSICIAN'S NAME (Type		POHNZON	7	U.S. Nava	al Hospita	l, Bether	eda, Md.
230	BURIAL, CREMATIC	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6 Arlington			23d. LOCATION (C	ity or Town) ton, Va.	(County) (Stote)
24	. FUNERAL DIRECTO	Takoma Funeral	Home ADDRESS		2Sa. REC'D	BY REGISTRAR	2Sb. REGISTRAR'S SI	IGNATURE

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after deather. VR A15 (4) 20 M 1/66

254 Carroll Ave., Takoma Park, D. C.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Poge 4 moy be retained by the hospital or attending physicion.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

be retained by the haspital ar attending physicis be retained by the haspital ar attending physicis DIRECTOR: After this certificate has been signed ge 3 shauld be detached far use as the burial-tied with the State Dept. af Health prior ta burial, and with the State Dept. Amedital the State Dept.	08573		CERTIFICATE	OF DEATH		08563	
r death Uneral I and S		PLACE OF DEATH OF COUNTY COUN	,	MARYLAND	2. USUAL RESIDENCE (When	e deceosed lived, if institution b. COUN'	on: Residence before admission
afte he f ges afte		b. CITY OR TOWN (If autside corpora write RURAL and give negrest tax	e limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autod	carparate limits, write RUR	AL and give nearest tawn)
ory the Page	-	write RURAL and give nearest tax	2	3 dAVS	1095hing	ton D.C.	473
ha in t		d. NAME OF HOSPITAL OR INSTITUTIO	(If not in haspital, give	7//4/	d. STREET ADDRESS	viii , iii ii	e. IS RESIDENCE ON A FARM?
Podba 7/	1/	Vashing ton	SAN. + 1	Ynsnital	4114 1-19	Ation St.	NOW YES NO NO
ithir y fil vith	3.	NAME OF	First	Middle	Last 4.	DATE Month	Doy Year
d w drbd arbd nt, v		DECEASED (Type or print)	lanes	NMN F	Rurk halter	OF DEATH Jun	
mpl /e c	S.	SEX 6. COLOR OR R.	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Hours Min.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and campletely filled in by the fur director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 shauld be filed with the State Dept. of Health prior to burial, cremation, ar remave, and in any event, within 72 hours after the state Dept. On the state Dept. On the prior to burial, cremation, ar remave, and in any event, within 72 hours after the state Dept.	1	Emale Whir	WIDOWED		1-13-02	64 Yrs.	
an an	100	. USUAL OCCUPATION (Give kind of wor	k done 10b. KIND	OF BUSINESS OR	11. BIRTHPLACE (County & St	ate, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
an a		ng mast of working life, even it retired ETIPED = MAII	Bus . Adm.	W.S. Govit			Amer,
ifice	13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	-01 /	
cert B pt Ther mav		Charles L	UrKhA/	ter	MAUde	Skidmo	re
ath idin	15.	WAS DECEASED EVER IN U.S. ARMED F		01 1-10 /	INFORMANT	Addres	STAKOMA PARK
be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fur ge 3 should be detached far use as the burial-transit permit. Then place remave carban papers. Pages 1 led with the State Dept. at Health prior to burial, cremation, ar remave, and in any event, within 72 hours after the with the State Dept.	L	No	15/0		cord-Washi	ng ton SAn.	+ Hosp. Md
		1B. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	one cause per line for (a), (b), and (c).)	1		INTERVAL BETWEEN ONSED AND DEATH
that in. by t by t ans		442X IMMEDIATE	CAUSE (o)	ideorial,	meine		who has
res sicio al-ti al, c		Conditions, if ony, which gove	DUE TO X	rebut to	lole		1 dan-
phy phy sign buri buri		rise to immediate cause (a),	DUE TO		0	0	1
ling ling een the r ta		stoting the underlying cause lost.	(c) Chil	unclun	s tomethed	Chest defin	may yes
e la tenc tenc as as prio		PART II. OTHER SIGNIFICANT CONDI	IONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY
r at r at e ho use use	ATION ATION	N. H. S.					PERFORMED? YES NO
_ 0 + 0	SE	20a. ACCIDENT WAS UNDERLYING		RIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	I or Part II of item 18.)	
		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINE					
OR ATTENDING PHYSICIAN: The law requires be retained by the haspital ar attending physicit DIRECTOR: After this certificate has been signed ge 3 shauld be detached far use as the burial-ted with the State Dept. af Health prior ta burial, and the state Dept.	3	20c. TIME OF INJURY Manth, Day, Haur o.m.			CE OF INJURY (Home, form,	20f. (City or tawn)	(County) (State)
	WE	p.m.	19 While at work	Not While at wark	tary, street, office bldg., etc.)		
		21. I certify that (I) (th		d the deceased fram_		6 (2 to 6/2) 7	, 19 <u>6</u> (, that (1) (we) las
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires Page 4 may be retained by the haspital ar attending physicia TO FUNERAL DIRECTOR: After this certificate has been signed director, page 3 shauld be defacthed far use as the burial-thanks shauld be filed with the State Dept. at Health prior ta burial, and the state Dept.		saw the deceased alive	on 6/29	1966, and tha	t death occurred ot	M, fram causes c	and on the date stated above
		22a. SIGNATURE	1 Wold	ron	D. ATTENDING MEI	O. STAFF	22b. DATE SIGNED
De be		22c. PHYSICIAN'S		M.	D. PHYS. DIR	ECTOR L PHYS. L	1 100
RAL RAL Po pe f be f		NAME (Type)	13 H /	NoLoHON			
JNE Ctar	230	. BURIAL, CREMATION, 23b. C	ATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Tow	(Caunty) (State)
dire dire		REMOVAL (Specify)	V 1. 1964		ln Cemetery		orges Co. Md
	24	. FUNERAL DIRECTOR The	ington, I	S ADDRESS	2Sa. REC'D BY	REGISTRAR 25b. REG	GISTRAR'S SIGNATURE
20 M 1/66		Wasi	Tug con, 1		DATE JU	1 1966	Michaeles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical conditions and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then place semane carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, cremation, ar removal, and, any event, within 72 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

		DIVISION OF STATISTICAL		W. PRESION SIREEL, BALLIMORE, MARTLAND	21201
	08574		CERTIFICAT	E OF DEATH	08564
	PLACE OF DEATH O. COUNTY MO	NTGOMERY CO.	 MARYLAND 	2. USUAL RESIDENCE (Where deceosed lived, if institution: Res o. STATE WASHINGTON COUNTY COUNTY O. C.	idence before odmission)
	b. CITY OR TOWN (write RURAL on WHEAT	If outside corporate limits, d give neorest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town) 47-3
		AL OR INSTITUTION (If not in h	nospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
J	JNIVERS	ITY NURSING	HOME	ROOSEVELT HOTEL	YES NO
	NAME OF DECEASED (Type or print)	First EMMA	MooDEND	Last 4. DATE Month OF DEATH JUNE	Doy Year 14 19 66
	FEMALE	CAU. w	MARRIED NEVER MARRIED DIVORCED DIVORCED	4-27-1885 lost birthdoy) Month	
dur	EDERAL'	(Give kind of work done life, even if retired) GOVERNMENT	10b. KIND OF BUSINESS OR INDUSTRY	WASH., D.C.	COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
	JOHN SI	MITH MURPHY		MARY WOODEN	
15. (Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT 4504dreDOL	TON RD.
1	10,	(If yes give wor or dates of serv	1579-60-8484 D	AUGHTER AND SON*CHEVY CH	ASE, MD.
	1B. CAUSE OF D PART I. DEA	EATH (Enter only one cause per TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (o), (b), opd (c).)	E Coma -	INTERVAL BETWEEN ONSET AND DEATH
	58/ Conditions, if ony	O DUE TO	Cinclesi	A fine	371. A 66
	rise to immediat	e couse (o),	crein es	y more	on surge page
	stoting the unde	rlying couse (c)			
ATION	PART II. OTHER SI		BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Port I or Port II of item 1B.)	The state of the s
MEDICAL	20c. TIME OF INJ Hour o.	10		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	(County) (Stote)
	21. I certi	fy that (I) (this hospital) attended the deceased fram 4	t death accurred at 1966, to Some 14, 1	19/ela that (1) (wa) last
	220. SIGNATURE		1961, and m		n The date Stated above.
	1/11	il 1. (Elen	bulle, N	I.D. ATTENDING MED. STAFF DIRECTOR PHYS.	6/15/66
	22c. PHYSICIAN'S NAME (Type		MPBELL	22d. ADDRESS 1629 COLUMBIA RD. N.W.	
230	BURIAL, CREMATION PEMOVAL (Specify				(County) (Stote)
24	I. FUNERAL DIRECTO		ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR	es signature

VR A15 (4) 20 M 1/66

£ 3, :

08565

	(BA	08575	CERTIFIC	ATE OF DEATH	Reg. Dist. No. (18565)
Page 4 director, led with	-	ACE OF DEATH COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE MARYLAND	b. COUNTYMONTGOMERY
death.	MA	CITY OR TOWN (If outside corporate limit RURAL and give nearest town) KENSINGTON	s, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate KENSINGTON	limits, write RURAL and give nearest tawn)
after the d 2 shau	600	NAME OF HOSPITAL (If not in hospital, gor INSTITUTION 10911 ORLEANS WAY	ive street oddress)	d. STREET ADDRESS 10911 ORLEANS WAY	e, is residence on a farm? yes \(\text{NO} \) no \(\text{NO} \)
Tilled it	de de	AME OF ECEASED Fire PRANTING FOR PROPERTY OF PROPERTY		BYRNES 4. DATE OF DEATH	Manth Day Year 1966
pletell	Kon	ALE CAUCASIAN	7. MARRIED X NEVER MARRIED WIDOWED DIVORCED	8. DATE <i>d</i> F BIRTH 9. A	AGE (In years of the person of
execute and cam an pape death.	9	during most of warking life, even if retired ERSONNEL MANAGER	lone 10b. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State ar foreign countr WASHINGTON, D.	-
if the death certificate by the attending physician. Then please remaye care went within 72 haurs aft. # PPROVE L	OHN WISE BYRNES		MARY C. HOLOHAN		
	20	VAS DECEASED EVER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. SOCIAL SECURITY NO.	INFORMANT RS. ANNE F. BYRNES, I	Address WIFE SAME AS #2 ABOVE
requires that the deat an. is gned by the attend sit permit. Then plea	HAN A	B. CAUSE OF DEATH [Enter only one conditions of the course		ONARY INSUFFIE	NCY INTERVAL BETWEEN ONSET AND DEATH
The law physicic has beer rial-tran	024				ONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
CIAN: ittending tifficate s the bu	0	20g. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)		ED. (Enter noture of injury in Port I or Part II o	
PHYSI ar a this cer ar use a prince ar use a prince are are a prince are are are are are are are are are ar	FIE	0c. TIME OF INJURY Month, Doy, Ye Hour o. m. p. m. 19		LACE OF INJURY (Home, farm, 20f. (City or 1 octory, street, office bldg., etc.)	
ain. TENDING ain. The haspi and the haspi and the haspi and the haspi and the detached for in prior to burial, c		21. I certify that I attended the plive an Bernard Comments Bernard Comments BERNARD		h accurred at 2:30 M, fram the ADDRESS (Street, M.D. 917 UNIVCLS)	causes and an the date stated above. city or town, state) DATE SIGNED T.G. BLUD E. 6-17-69
May be retail of FUNERAL page 3 shauthe registrar	0	BURIAL CREMATION, REMOVAL (Specify) BURIAL 6/20/66	F 22c. NAME OF CEMETERY OF ARLTN GTON N	DR CREMATORY 22d. LOCATION	(City, town, or county) (Stote)
VS A1S (4)	E	UNERAL DIRECTOR'S SIGNATURE JOS.	GAWLER'S SONS. W.	ASH. D.C JUN 2 2 1966	246 REGISTRAR'S SIGNATURE

TO HOSPITAL OR may be retain TO FUNERAL DIN VS A1S (4 1SM 9/SB

. 6523 AUT/4, E Les angenne nation (1) and (1) and MURLOUGH . 7 MARIN Street Street Blanch Mill attended to the little the first and the property and the first of the second of

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MARYLAND STATE DEPARTMENT OF HEALTH

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	Division of	STATISTICAL R	ESEARCH AN	D RECORDS, 3	101 W.	PRESTON STREET	, BALTIMORE,	MAR
1857	6			CERTIFICAT	TE OF	DEATH	100	

0857	6		CERTIFICAT	TE OI	DEATH				(18	556	6
PLACE OF DEATH O. COUNTY	Montgomery		MARYLAND		SUAL RESIDENCE (V. STATE Main		eosed lived, if institu b. COU		nce before	e odmissio	in)
b. CITY OR TOWN	(If outside corporate limit	s,	c. LENGTH OF STAY IN 1b	c. CI			porote limits, write RU	RAL ond giv	ve neores	t town)	
Bethe:	id give nearest town)		6 days		Eliot				57	7	
	TAL OR INSTITUTION (If n	ot in hospitol, o		d. S	TREET ADDRESS				1	e. IS RESID	ENCE
U.S.N	laval Hospi	tal			24 Barn	ey L	ane			ON A FA	
3. NAME OF DECEASED (Type or print)	An:	rst O	Middle F •	CALI	Lost AHAN	4. DAT OF DEA	7.	th une	Doy 19	19 E	
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DAT	E OF BIRTH		9. AGE (In years	IF UNDER		IF UNDER	
Female	Cauc.	WIDOWED	DIVORCED	Nov.	3, 1891		last birthdoy)	Months	Doys	Hours	Min.
10o. USUAL OCCUPATIO during most of working HOUSEW	N (Give kind of work done lite, even if retired)	10b. KI IN	ND OF BUSINESS OR DUSTRY/A		BIRTHPLACE (County lichigan	& Stote, o	r foreign country)		ITIZEN OF OUNTRY?		
13. FATHER'S NAME					MOTHER'S MAIDEN	NAME		1 0			
John F	Letcher				Catheri	ne B	ell				
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)	AND RESIDENCE AND ADDRESS OF THE PARTY OF TH	INFOR	2200		e Addr , 14 Fair	ess Mas		t.3/	
Conditions, if one rise to immedia stoting the undust.	te couse (o), erlying couse	(c)	SEASE TO DEATH BUT NOT RELATED TO	O THE TEE	DANINA DISEASE CON	NDITION C	SIN/EN IN DADT 1/o		19	WAS AUTO	DPSY
NOTA III. UINEK 3	IGNIFICANT CONDITIONS	UNIKIBUTINO I	O DEATH BUT NOT KELATED IN	o inc ice	CMINAL DISEASE COL	NOTITION 6	SIVEN IN PART I(U)	_		PERFORM	
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter	noture of injury in	Port I or	Port II of item 1B.)				
Hour o.	m. 19	While of work	Not While of work	octory, str	NJURY (Home, form eet, office bldg., etc.)				ounty)		(Stote)
saw the c	leceased alive on_	spital) attend June 1	ded the deceased fram. 9 19 66, and the	Jur. nat dea	th accurred at	9 <u>66</u> 645	, ta June 19 AM, fram causes	2, 19_ and on	69 th	iat (4) (i e statec	we) la: l abav
22o. SIGNATURE	45C	n		M.D. P	TTENDING HYS.	MED. DIRECTO	R STAFF PHYS.	1 00	June	e 196	56
22c. PHYSICIAN NAME (Type	J.B. EMER			U			ospital, I		sda,	Md.	
23o. BURIAL, (REMATI REMOVAL (Specif Cremation	8 6-21	1-1966	23c. NAME OF CEMETERY C		tory		LOCATION (City or To Suitland.	Marv	(County)		itote)
24. FUNERAL DIRECT	OR Pearsons	Funeral	. HomeDDRESS		2So. REC'L	BY REG	ISTRAR 2Sb. R	EGISTRAR'S	SIGNATUR	₹E	
472 N. Wa	shington.	Falls C	hurch, Va.		DATE	N 2	2 1966 /	Chase	CEO X	mage	_

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion. VR A15 (4) 20 M 1/66

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The law requires that the

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Page 4 may HOSPITAL

ATTENDING PHYSICIAN:

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

e. IS RESIDENCE

YES

Day

ON A FARM?

Year

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Hours

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INTERVAL BETWEEN

ONSET AND DEATH

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CERTIFICATE OF DEATH funeral and 2 r death. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY the 1 a. STATE MOUTGOMER papers. Pages 1 in 72 hours after MARYLAND b. CITY DR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) p write RURAL and give nearest town) Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled NURSING rand completely tremove carbon p NAME DE Middle DATE Month Last DECEASED SARAH DF PP DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH 9. NEVER MARRIED Last birthday) Months Days WIDOWED DIVORCED .= 1Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPDACE (County & State, or foreign country) signed by the attending physician urial-transit permit. Then please inurial, cremation, or removal, and in during most of working life, even if retired) INDUSTRY TOUSELU IFE 1851A FATHER'S NAME MOTHER'S MAIDEN NAME 14. 05 SI Spe. ASUITE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unkown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) been signed the burial-tr or to burial, c DUE TO Conditions, if any, which (b) gave rise to immediate DUE TD cause (a), stating as th underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate hand for use at r this cerum detached fo 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) be detached State Dept. MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After Not While at work at work p.m. should ith the S 19 6 6 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the P. M. from the causes and on the date stated above. 19 66, and that death occurred at & saw the deceased alive on. DATE SIGNED 22a. SIGNATURE MED. ATTENDING PHYS. page DIRECTOR PHYS. TO FUNERAL 22c. PHYSICIAN'S 22d. **ADDRESS** director, p FLOWE 88 DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. REMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE EUNERAL DIRECTOR ADDRESS

VR A15 (4) 20M 1/65 CALLER OF MICHAEL PRINCE STORY OF THE STORY A STATE OF THE STA A STATE OF THE RESERVE OF THE STATE OF THE S

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prease, remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
(18568)

1.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re	esidence before admission)
	Mont gome or MARYLAND	a. STATE D. COUNTY	/
	b. CITY DR TOWN (If outside dorporate limits. c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
H	aroma Park 13days	Washington 4	7 3
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
0	Pakhaven Convalencert Home	5950-14th St. N.W.	ON A FARM?
3.	NAME OF First Middle	Last 4. DATE Month	Day Year
	(Type or print) Sohn \ eonard	Case DEATH June	20 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	B. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	
	M. White WIDOWED DIVORCED	June 5, 18 18 88 yrs.	Days Hours Min.
10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY / /		TIZEN OF WHAT
1	Painter PAINT	Maryland	U.SA
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	110
	alerso h. Case	Savah Robinson	
		INFORMANT Address	Wash, 20011
10	(es, no, or unknown) (If yes give war or dates of service) 218-03-48 or w	udlyn No singer 5950-14th	St. MM. DE
-	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL	INFARITION	ONSET AND DEATH
	332X DUE TO	1	1
	Conditions, If any, which) BULTIPLE CE	REBRAL THYOMBOSES	3 weeus
	gave rise to immediate cause (a), stating the DUE TO		
-	underlying cause last. (c) CERERKAL AR	TERIOSCIENUSIS	UNKADUR
I S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
CERTIFICATION			YES NO
FE	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.	.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
EDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not while	CE OF INJURY (Home, farm, 20f. (City or town) (Courry, street, office bidg., etc.)	inty) (State)
MED	Hour a.m. p.m. 19 While Not While at work		
	21. I certify that (I) (this hospital) attended the deceased from 9	417RC4, 1952, to 20 JUNE, 1966	that (1) (we) last
	saw the deceased alive on 20 June 1966, and that	t death occurred at 222M, from the causes and on t	
	22a. SIGNATURE	ATTENDANG -MED STAFF	ATE SIGNED
	brail resiles M.C		une 1966
	22c. PHYSICIAN'S NAME (Type) ISRAEL KESSIEL, M.O	22d. ADDRESS 5801-16 # St. N.W. WA	25h, D.C.
23	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or cou	unty) (State)
	Surial June 23, 1966 Burtonsville		
2	4. FUNEBAL DIRECTOR, LONGES 8434 GEORGIA Ave	nue 25a. REC'D BY REGISTRAR 25b. REGISTRAR	
90		Md. DATEUN 24 1966 Juliante	Jusge
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R ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death. Page by be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely-filled in by the funeral director, page 3 should be detached for use as the burial-fransit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEDARTMENT OF HEALTH

	MAKILAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STAT	TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	LTIMORE 1, MARYLAND
08575	CERTIFICATE OF DEATH	08569

o. COUNTY		o. STATE	b. COUNTY	THOUGHT RESIDENCE BEIOTE EDITION
monlyomery Co.	MARYLAND	MD	D. COO!!!!	monlyomery
b. CITY OR TOWN (if outside corporate fimits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		tside corporete limits, write R	URAL and give nearest town)
W Gealon	2 Mos.17 Da	· Betherda		15 1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	pital, give street eddress)	d. STREET ADDRESS		IS RESIDENCE
Wheaton nursing Home		46248	. Chelsea I	ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print) LILLIAN SH	Middle	COALE 4.	DATE Month OF DEATH June	Dey Year / 0 19 6 6
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF	
F WIDOWE	D DIVORCED	oct 1, 188	7 81 yrs.	Aonths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kl done during most of working life, even if retired)	IND OF BUSINESS OR INDUST	RY 11, BIRTHPLACE (County &	State, or fore in country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Virginia		U. S.
13. FATHER'S NAME	1 1	14. MOTHER'S MAIDEN NAM	ME	1
Herbert Sheps	herd	Olno 1	Shipher	
	SOCIAL SECURITY NO. 17.	INFORMANT Daug	hter Address 5	413 Glenwood Ro
(Yes, no, or unkown) (If yes give war or detes of service)	nknown M	rs. Logan Wi	lton B	ethesda, Md.
18. CAUSE OF DEATH [Enter only one cause per l		200		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	. 11	ular Accia	0. 1	ONSET AND DEATH
IMMEDIATE CAUSE (e)	evial vasc	men neer o		-00000
DUE TO	0 0 1 0			17 Vonne
Conditions, if eny, which (b)	etral IVII	vores		1 C LEVEL
(a), steting the underlying DUE TO				154-30
	ERIOSCLER			13/CARS
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN	YES NO PART 1(e) 19. WAS AUTOPSY PERFORMED?
	CRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Pert	f or Part II of item 18.)	
0 200		ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
Hour a.m. While	TAOL ALLING			
21. I certify that (I) (this hospital) attend	ded the deceased from	MARCH 9 19	54 10 JUNE 15	19.65, that (I) (we) last
saw the deceased alive on VUNE 7.				
220/SIGNATURE				1 22b. DATE
Ital LA Circle		ATTENDING MED DIRE	CTOR PHYS.	JUNE 10 1966
22d AHYSICIAN'S		224 ADDRESS	2 2	
NAME (Type) ROBERT G. AN	IGLE	2009 DeT	Ray Ave., B	ethesda, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 2	3d. LOCATION (City, lown	or county) (State)
Burial 6-13-66	Ft. Lincol	n Cemetery	Prince Geor	ge County, Md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE
ROBERT A. PUMPHREY.			a - mad	lander Judge
TOTAL IN TOTAL TIKEST,	Decliesda, 11	ar y Landon N	15 1966	rances Judge

4 4 4 4 4 4 Te heads, I.I. Man Langue Willeam The law area were and the contract of 16-15-58 Titte Lincoln Venicery (Fince Week & Udinty, Md. ROLLER W. BEFRESCE, MITTERS WHITE 1998 The Color of the C

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08580 CERTIFICATE OF DEATH death. executed within 24 hours after death campletely filled in by the funeral lave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE MARYLAND hin 72 hours after CITY DR TDWN (If outside corporate limits. c. LENGTH DF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest flown) write RURAL and give nearest town IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS YES NO " 3. NAME OF 4. DATE Middle Month Year Lost Dov DECEASED 1960 DEATH (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLDR DR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED remave lost birthday) Months Days Hours any WIDOWED DIVORCED and 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? please Count rublus MOTHER'S MAIDEN NAME 13. FAJHER'S NAME attending prese remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY ND. (Yes, no, or unknown) (If yes give wor or dotes of service) crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o' signed by physician 7 Ace 25 may DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse attending has been use as the lost. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 3 Stuck B lood frequesto forgestive this certificate far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Pay II of item 18.) haspital DR CONTRIBUTING CAUSE OF DEATH af detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (Stote) 20c. TIME OF INJURY Month, Dov. Year (City or town) (County) foctory, street, office bldg., etc.) Hour o.m. Not While ot work TO FUNERAL DIRECTOR: After shauld be 21. I certify that (1) (this haspital) attended the deceased fram. be retained 1966, and that death accurred at 2537 M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** STAFF M.D. PHYS DIRECTOR PHYS. directar, page shauld be filed 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURNAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City of Town) (Stote) (County) REMOVAL (Specify) 6-23-66 Cal Md Browns Cem .Republic 2Sp. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 1966

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1 (M)

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08582

CERTIFICATE OF DEATH

08571

	PLACE OF DEATH D. COUNTY			USUAL RESIDENCE (Where deceased lived, if institution: Residence before adm a. STATE b. COUNTY	nission)
		MARYLAN	ND I	Maryland Montgomery	
	b. CIT OR FOWN (II outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tow	n)
	Tokoma Park	32 hour	rs	Tokoma Park	
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	spital, give street address)	(d. STREET ADDRESS e. IS ON	RESIDENCE A FARM?
	Washington Sanitaruim			821) Flowers Ave.	NO [
	NAME OF DECEASED (Type or print) First	E (NATH)		Conney DEATH June 19	Year 19 66
S.	SEX 6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	П В.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF U	NDER 24 HRS.
F	emale white WI	DOWED DIVORCED	5 ,	Appendix 17-1890 lost birthday) Months Doys Ho	urs Min.
10a	. USUAL OCCUPA ION (Give kind af wark dane	10b. KIND OF BUSINESS OR		BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHA	AT .
dur	ing mast af warking lift (even if retired)	INDUSTRY		Virginia U.SUNTRY?	
13.	FATHER'S NAME		1	14. MOTHER'S MAIDEN NAME .	
	Mr. Pascael Grange			Mattie Glapsaddle ane Willely	w.
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give war ar dotes of service)	16. SOCIAL SECURITY NO.		FORMANT Address	
(16	(if yes give war at dotes of service	0)	P	Patient's chart	
	1B. CAUSE OF DEATH (Enter anly ane cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a),	Acute myo.	1	ONICET A	BETWEEN ND DEATH
-	stoting the underlying couse last.	Diahetes m	elli	tus.	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATE	D TO THE	E TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERF YES YES	ORMED?
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCU	RRED. (En	nter nature af injury in Part I or Part II of item 1B.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19	While at wark Not While at wark	factory	OF :NJURY (Hame, farm, 20f. (City or tawn) (County) y, street, alfice bldg., etc.)	(State)
	21. I certify that (I) (this hospital) sow the deceased alive on 3. 14.	ottended the deceosed fro	om	death accurred at 325 AM, from causes and an the date st	l) (we) los ated obave
	22a SIGNATURE Brade	han	M.D.	ATTENDING MED. STAFF 22b. DATE SIGNED PHYS. DATE SIGNED	
	22c. PHYSICIAN'S NAME (Type) RAYMOND	BRADSHAV	0	345 University Blud, W. Silver Spring,	Md:
	BURIAL CREMATION 336. DATE THEREOF REMOVAL (SUBSTITUTE LANGE 22)	23c, NAME OF CEMETER	RY OR CRE	Egle fact Date townt to-	(State)
24	FUNERAL DIRECTOR Salled	254 Garrel	STA	DATEIN 9 1 1966 Clearley Jud	pe;
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TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please femage carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours ofter death. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 moy be retained by the hospital or ottending physicion.

15668 ELECTRICAL SECTION OF THE SECTION OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0858% CERTIFICATE OF DEATH funeral and 2 death. death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH 1. a. COUNTY b. COUNTY a. STATE by the fa Pages 1 urs after 24 hours after MONTGOME nowTGom MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pag should be filed with the State Dept. of Health prior to burlal, cremation, or semoval, and in any event, within 72 hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 6. IS RESIDENCE ON A FARM? 55 NO L YES executed within 3. NAME OF First Middle DATE Month Last 4. Day Year DECEASED OF (Type or print) DEATH OUTOS 1966 5. SEX 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. 7. MARRIED NEVER MARRIED DATE OF BURTH 9. last birthday) Months ! Days Hours DIVORCED 0 WIDOWED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. during most of working even if retired) COUNTRY 3 FATHER'S NAM 13. MOTHER'S MAIDEN NAME 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) | (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO P YES T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While DR ATTENDING be retained by at work 19 at work 21. I certify that (I) (this hospital) attended the deceased from Cluq 1956 that (I) (we) last and that death occurred at 2.3.4 M. from the causes and on the date stated above. saw the deceased alive on. 1966 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF TO HOSPITAL D Page 4 may b PHYS. M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) should BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 8 REC'D BY REGISTRAR N 13 1966 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE 24. 25b. VR A15 (4) 15M 4-64

4584 HOME FRAM HOUSE WITE CHRYSOLA SITARAS JoHN TEIANTAFILOPOULOS Mes VietleLAS Fotos ALVERPOLIS, MD.

11-11-6

El MU

FOR STATE PM3. Page necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office alarm with farm PM3. Page 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Deportment of any delay is Health or its designated agent, priar ta burial, crematian, ar removal, and in any event within 72 haurs after death. This certificate shauld be executed within 24 haurs after death. It TO DEPUTY MEDICAL EXAMINER:

Items 18-21 Film G379 7/MARYEANDISTATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

L	00000	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	08573
1	. PLACE OF DEATH Q. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if instit	
	monlamery	MARYLAND	maryland Pri	nce George
	b. CITY OR TOWN (If outside carparate limits, write RURAL and give pearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carparate limits, write R	RURAL and give nearest town)
L	lakoma Park		HyaTISVIlle	11/2
1	d. NAME OF HOSPITAL OR INSTITUTION (If not i	Historial diversity of the street oddress)	6011-84thaverda	e. IS RESIDENCE ON A FARM? YES NO
33	NAME OF First DECEASED	Middle		anth Day Year
1	(Type or print) 5. SEX 6. COLOR OR RACE		NWAY DEATH (1966 I IF UNDER 1 YEAR 1 IF UNDER 24 HRS.
	Female White	WIDOWED DIVORCED	1-20-12 Sust birthday) 54 yrs.	Manths Days Haurs Min.
1	Oa. USUAL OCCUPATION (Give kind of wark dane uring most of working life, even if retired) Housewiie	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Boise, Staho	12. CITIZEN OF WHAT COUNTRY?
-	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	w, RI
	Frederick f. (lavis	Fern Reid	
	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) ((If yes give wor or dotes of s	16. SOCIAL SECURITY NO. 17.	INFORMANT Add	dress Viita OI
-	(1 tes give wor or dores or s	mi	35 Mary Cavis me	Lean Wa.
	18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)		me traumata with	OHSET AND DEATH
l	Conditions, if any, which gave			
	rise ta immediate cause (a),		on due to auto accident	
	stoting the underlying cause (c)			
MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	20g. EXTERNAL CAUSE WAS	201 DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Part II) item 183	Crossed:
		machine stail	2. of Callined hoad	2-on with auto
	20c. TIME OF INJURY Month, Doy, Yeor		CE OF INJURY (Home, form, of releast, affice bidg, etc.) (City or town)	mente Ma
	21. I certify that I taak charge	of the remains described above, he	ld an Autapsy X, Inspection X	quiry and of my apinian
	death resulted from: Natural		ide . Hamicide . Undetermined	7
	ACTUAL SIGNATURE Delden	Plous 7	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
1			M.D.4	1
	EXAMINER'S BELDEN	P. REAPINI	DEBUTY, MEDICAL EXAMINER Addless (Sifeer Fire Town or county)	eine 19,1966
2	EXAMINER'S RELDEN 3G. BURIAL, CREMATION, 23b. DATE THERE		Addless (Street, Fin, Folk or county) CREMATORY 23d. LOCATION (Con or)	Tawn) (County) (State)
	EXAMINER'S BELDEN 3a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THERE	2/66 Arlington	CREMATORY 23d. LOCATION (Con or National Cem. Ft. M.	

VR A15ME (5) 6M 1/66 H\$ZAH

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18 11 20 North

73. 5.

ADDRESS

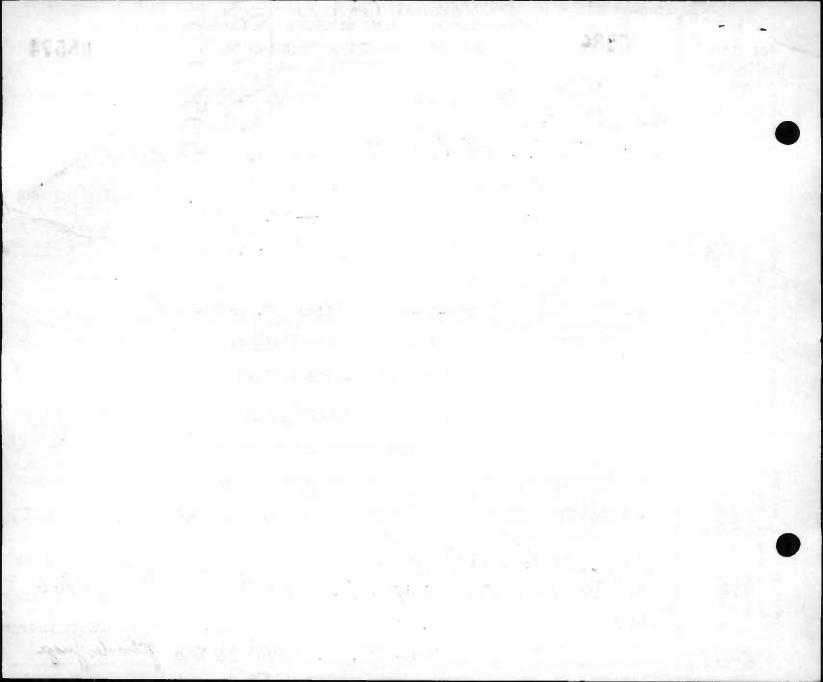
2So. REC'D BY REGISTRAR

1966

2Sb. REGISTRAR'S SIGNATUR

VR A15ME (676)

24. FUNERAL DIRECTOR



	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMON	RE 1. MARYLAND
٤	200 E	0	8585 CERTIFICATE OF DEATH	08575
r death.	funeral 1 and 2 ar death.	1. PL a.	ACE OF DEATH COUNTY 2. USUAL RESIDENCE (Where deceased lived, If inst a. STATE b. COUNT	
after	by the f Pages 1 urs after		MARYLAND CITY OR TOWN (If outside corporate limits, write RURAh and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAh and give nearest town)	te RURAL and give nearest town)
hours	s. P.	15 9	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	102 2 10. IS RESIDENCE
24	filler paper in 72	B	ry Afry & Rest Home She &	ON A FARM?
executed within	d completely filled in by tooke carbon papers. Page y event, within 72 hours a	DE	AME DF CEASED Sype or print) DAVID OSCAR COPELAND DEATH June	Day Year
nted	comp ve cz even	5. SE	X 6, GOLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (IN Years)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
exect	an an	102 11	MALE CHOSE WIDOWED DIVORCED 3-2-1811 89 yrs. SUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or oreign country)	
pe pe	sician lease r	during	most of working ilie, even if retired) INDUSTRY Would Co, Ind.	COUNTRY
certificate	age of	13. F	ATHER'S NAME David Congland 14. MOTHER'S MAIDEN NAME Danse	: 4
	the attending it permit. The mation, or rem	15. W (Yes, n	AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	
deal	he al perr ation,	1 18	17-17-801 - acay 11-40	I INTERVAL BETWEEN
at the	- 625		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conglishor to Heart Failure	ONSET AND DEATH
es the	priysician. signed by burial-transif burial, crem	C	onditions, If any, which DUE TO Caronary ARTERY Occlusion	
law requires that the death	e e e e	Ca	ave rise to immediate DUE TO GRANGE A LI 781	A1C
law	has be e as th h prior		ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
		CERTIFICATION	Diabetes Mellitus, Nephnsclerosis	YES NO
PHYSICIAN	the nospital rather than the pertification of the pept. of History		DA. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II o	At part of the same
G PHY	of the this be deta State De	MEDICAL	CC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) 4	(County) (State)
NON		2 -	21. I certify that (I) (this hospital) attended the deceased from 6-30, 1966, to 6-30	, 1966, that (I) (we) last
OR ATTENDIA	y be retained DIRECTOR: A age 3 should lled with the	2:	saw the deceased alive on 2 19 and that death occurred at 3 M, from the causes 2a. SIGNAPORE	and on the date stated above. 22b. DATE SIGNED
R S	- a -		M.D. PHYS. DIRECTOR DIRECTOR PHYS.	6-30-66
HOSPITAL	P.S. ER		2c. PHYSICTAN'S NAME (Type) 22d. ADDRESS 202 Martin La.	locksille Ad
TO HO	To FUN direct should	23a.	RURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, to Press Location)	own or county) (State)
	03	24.)		EGISTRAR'S SIGNATURE
VF	R A15 (4)	NA	but h. Snowden Kocksille, 11/4. DATE JUL 5 1966	frances Judge

MARYLAND STATE DEPARTMENT OF HEALTH

	08586		CERTIFICATI	OF DEATH	1 1 1 1 2 E	08576
	PLACE OF DEATH D. COUNTY	Mont go.	mery MARYLAND	2. USUAL RESIDENCE (W o. STATE	there deceosed lived, if institute ary land. COU	tion: Residence before odmission)
b		f outside corporate limits, I give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	side corparate limits, write RU	RAL and give nearest town)
-	SILV.		hospital, give street address)	d. STREET ADDRESS	ewourg,	e. IS RESIDENCE
6	hery co	hase Nurs	ing and convalescented they			ON A FARM? YES NO
	NAME OF DECEASED Type or print)	First Tan		tsifes gbfas	4. DATE Mon OF TUS	ne 8 1966
S. S	M	. /	MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH May 28. 18	9! AGE (In years lost birthdoy) 87/rs.	Months Doys Hours Min.
Re	ng most of working	(Give kind of work done life, even if retired) + Owner	10b. KIND OF BUSINESS OR INDUSTRY Restaurant	t Gree		12. CITIZEN OF WHAT COUNTRY? 45 A
13.	FATHER'S NAME	Cotaifaa		14. MOTHER'S MAIDEN N		
10	Peter	Cotsifas RINU.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	OWN Addr	XX
		(If yes give wor or dotes of se	nuico)	ilber E. F	7016	31st. N. W.
		EATH (Enter only one couse IH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Carcinomatase	s - Sentra	elized - exce	ONSET AND DEATH
	Conditions, if ony rise to immediat stating the unde last.	which gave (b) (b)	pitt of original.	in surkerd	men - besop	alf
NOIL	PART II. OTHER SI	GNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO [X]
× 1						
- 1		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in P	Port I or Port II of item 18.)	
- 1	OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER) JRY Month, Doy, Yeor n.	20d. INJURY OCCURRED 20e. PLA	(Enter noture of injury in P ACE OF INJURY (Home, form, tory, street, office bldg., etc.)		(County) (State)
- 1	OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJU- Hour o.r p.1	CAUSE OF DEATH MEDICAL EXAMINER) JRY Month, Doy, Yeor n. 19 fy that (I) (this haspit	20d. INJURY OCCURRED While Of Work Of Work of Work al) attended the deceased fram_	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
- 1	OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJU- Hour o.r p.r 21. I certi saw the d	DCAUSE OF DEATH MEDICAL EXAMINER) JRY Month, Doy, Yeor n. 19 fy that (1) (this haspit eceased alive an	20d. INJURY OCCURRED While Of Work Of Work of Work al) attended the deceased fram_	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State) , 1964, that (I) (we) last and an the date stated above
- 1	OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJI HOUR OF 21. I certi saw the d 220. SIGNATURE	DCAUSE OF DEATH MEDICAL EXAMINER) JRY Month, Doy, Yeor n. 19 fy that (1) (this haspit eceased alive an	20d. INJURY OCCURRED While Not While of work all attended the deceased fram_ 1966, and the	ACE OF INJURY (Home, form, tory, street, office bldg., etc.) The street office bldg., etc.) The street office bldg., etc.) The street office bldg., etc.)	20f. (City or town)	
	OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJU- Hour o.r p.r 21. I certi saw the d	CAUSE OF DEATH MEDICAL EXAMINER) JRY Month, Doy, Yeor n. 19 fy that (I) (this haspit eceased alive an	20d. INJURY OCCURRED While Not While of work all attended the deceased fram_ 1966, and the	ACE OF INJURY (Home, form, tory, street, office bldg., etc.) 3-2), 1 at death accurred at_	20f. (City or town) 966, ta June 8 7504 M, fram causes	(County) (State) , 196, that (I) (****) last and an the date stated above 22b. DATE SIGNED
WEDICAL OCCUPATION OF COLUMN NETWORK N	OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJI Hour or p.1 21. I certi saw the d 22o. SIGNATURE	DCAUSE OF DEATH MEDICAL EXAMINER) JRY Month, Doy, Yeor n. 19 fy that (1) (this haspit eceased alive an Fofo DN. 1 23b, DATE THERE!	20d. INJURY OCCURRED While of work of otwork of two of work of two of work of two of work of two of work of two of	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town) 966, ta June 8 7504 M, fram causes	(County) (Stote) , 1962_, that (I) (we) las and an the date stated above 22b. DATE SIGNED
1	OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJI Hour or p. 21. I certi saw the d 22o. SIGNATURE 22c. PHYSICIAN'S NAME (Type BURIAL, CREMATIC BURIAL, CREMATIC BURIAL DIRECTO	CAUSE OF DEATH MEDICAL EXAMINER) JRY Month, Doy, Yeor n. 19 fy that (I) (this haspit eceased alive an Fofo DN, 23b. DATE THERE(20d. INJURY OCCURRED While of work of otwork of otwork al) attended the deceased fram 1966, and the M Meritian Section 1966 M Meritian Section 1966 M M M M M M M M M M M M	ACE OF INJURY (Home, form, tory, street, office bldg., etc.) TED 1, 1 at death accurred at	20f. (City or town) 966., ta June 8 John M, fram causes MED. 23d. LOCATION (City or To	(County) (Stote) 1964, that (I) (we) late and an the date stated above 22b. DATE SIGNED 22b. DATE SIGNED 22c. Lace A - 1966 (County) (Stote) (Stote)

Truge 4 may be retained by me mapping of unremaing physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior ta burial, crematian, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay bessery, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

COOO!	OLKINIONIE OI BEKIN
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE b. CDUNTY
MONTGOMERY MARYLAND	Maryland Harford
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)
Bethesda 12 Days	Bainbridge 07.2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE DN A FARM?
U.S. Naval Hospital, Bethesda, Maryland	Trailer 29, Bainbridge Village YES NO X
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Billy Wayne C	RAWFORD DEATH June 6 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Isst birthday) Months Days Hours Min.
Male Cauc WIDOWED DIVORCED	13 August 1946 19 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
U.S. Navy	Memphis, Tennessee USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James "J" Crawford	Kathryn Raines
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Trailer 29, Bainbridge
	. Carolyn Crawford Village Beinbridge Mc
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Hemmerhag	12 - EPidural-old+ Teent. ONSETAND DEATH
8/6/ DUE TO	
Conditions, if eny, which (b) 7/2017-2- 110	in. Auto- Accident - 11 days.
gave rise to immediate (ceuse (a), steting the DUE TO	
underlying cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ICAT	YES ND
208. EXTERNAL CAUSE WAS PRIMARY DI OF CONTRIBUTING TO CAUSE OF DEATH.	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
S CAUSE OF DEATH. Tractor-Tracker-7	ruck turned over ontop of Decessas Con-
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ory, street, office bldg., etc.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PRIMARY PROPERTY OF CONTRIBUTING TO COURSE WAS PRIMARY PROPERTY OF CONTRIBUTING TO COURSE OF DEATH. 200. TIME OF INJURY Month, Day, Year 200. INJURY OCCURRED 200. PLA factor of the property of the prope	freet. Baltimore Mol.
21. I certify that I took charge of the remains described above, he	Id an Autopsy X, Inspection X Inquiry X, and in my opinion
	icide , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE John S. Ball	M.D. ASSISTANT MEDICAL EXAMINER _ 6/7/66 22. DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER 🛛
NAME (Type)	Address (Street, city, town, or county)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
Burial DUNE 10,1/66 Mount Vernon	Cemetery Memphis, Tennessee
24. FUNERAL DIRECTOR 1400 Chapin Street, N.	W., 25 UN 9 REGISTRAR 255 CHEGISTRAP'S STRNATURE
W.W. Chambers Co. Washington, D.C.	DATE

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A. S. Comberg Co. Jestings and Dive

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08588 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b COUNTY o COUNTY MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits corporate limits, write RURAL and give nearest town) cite RURAL and give negres town) e. IS RESIDENCE ON A FARM? INSTITUTION_(If not in hospital, give street address) d. STREET ADDRESS □ NO 🖂 YES 3. NAME OF First Middle Lost DATE Month Doy Yeor DECEASED 00 (Type or print) DEATH 9. AGE (In years S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months Hours Doys WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) INDUSTRY COUNTRY? during most of working life, even if retired) 1991951 dom 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI 40 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes: no, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CONTRIBUTING CAUSE OF DEATH ITHER, NOTIFY MEDICAL EXAMINER TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m Not While foctory, street, office bldg., etc.) ot work ot work 21. I certify that (1) (this hospital) attended the deceased fram 19.66 to and that death accurred at 1074 M. from causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED . SIGNATURE STAFF M.D. DIRECTOR PHYS PHYS.

ding been the or to		last.
Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	CATION	
spital ertifica ed for . of He	CERTIFI	20o. OR ((IF E 20c.
the ho this ca detach e Dept	MEDICAL CERTIFICATION	20c.
d by After d be e Stat		
CTOR: should vith th		220
y be r DIRE oge 3 filed w		220
4 mo	00	(810)
Poge direct show	230	REA

FUNERAL DIRECTOR

PHYSICIAN'S

NAME (Type)

RIAL EREMATION

WAL (Specify)

2360 DATE THEREOF

236-NAME OF GEMETERY OR CREMATORY

M.D

22d. ADDRESS

2So. REC'D BY REGISTRAR

-DATE

JOCATION (City of Town (County)

REGISTRAR'S SIGNATURE 2Sb.

VR A15 (4) 20 M 1/66

OR

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

funeral 1 ond ter death

completely filled in by the fur

pledise remove corbon

physician ond

ottending phys removo

the cremoti burial-tronsit

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signed ! burial

permit.

within 72

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and then yevent, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE DF DEATH a. COUNTY Montgomery MAPYLAND						2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Montgomery						
b. CITY OR TOW Write RURAL			limits,	c. LENGTH OF STAY I		c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)				arest town)		
Bethe	sda		,		-71	1450	O Av	ery 1	Road	15	-1	
d. NAME OF HO	SPITAL OR IN	STITUTION	i (if not in h	ospital, give street add	dress)	d. STREET ADDRESS				2-11-1		RESIDENCE A FARM?
	Suburban Hospital						D = 21273 . M 3 . 1				□ NO □	
3. NAME OF DECEASED		Fire		Middle		Last	4. DA		Month		Day	Year
(Type or print)		Dona	. —	Warren		Crown		ATH	June	12,		1966
5. SEX	6. COLOR C	R RACE	7. MARRIED	NEVER MARRIED	8	. DATE OF BIRTH		9. AGE			1 YEAR IFUN	
Male	W.		WIDOWED	DIVORCED		11/26/07		58	Vrs.	Months	Days Ho	urs Min.
10a. USUAL OCCUPAT	TION (Give kin	d of work d	one 10b. K	IND OF BUSINESS OR		11. BIRTHPLACE (C	ounty & S	tate, or for	eign country)	12. CI	TIZEN OF W	HAT
during most of work Paint		it retired	"	NDUSTRY		Maryl	and				S.A.	
13. FATHER'S NAM					1	14. MOTHER'S MAIL		E		1 0.	N.A.	
JAMES	MA	OTI	1	CRAW	1)	MAR	V	Ring	200			
15. WAS DECEASED	EVER IN U.S. /	RMEDFOR	CES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT	1		Address	3		
(Yes, no, or unkown)	(If yes give wa	r or dates of		2-14-8464	0	2 - 02 . (1)	Com.	7	_5		a al	2
1/18. CAUSE DF	DEATH Ente	r only one	cause per l	ine for (a), (b), and (c).	1//	1 1					INTERVAL	BETWEEN
/	EATH WAS CA	USED BY:	1	Johntie	- 0	leiling.					ONSET AL	ND DEATH
571	IMMEDIAT	E CAUSE (a)	1 special	7	anne	1	-			ger. c	047
Conditions, If	any which	DUE T	(nationis	8	1 the liver				hear	2	
gave rise to	Immediate		b)	3 -	1	1		1-	7		1	
cause (a), s underlying caus		DUE 1	c) S	xcessive	de	thanol	ui	tap	e	13.7	400	es
PART II. OTHER	SIGNIFICANT			TING TO DEATH BUT NO	TRELAT	ED TO THE TERMINAL	DISEASE	ONDITIO	N GIVEN IN P	ART 1(a)		S AUTOPSY FORMED?
PARTII, OTHERS 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO											YES	NO T
20a. ACCIDENT	WAS UNDER	LYING	20b. I	DESCRIBE HOW INJURY	r occu	RRED. (Enter nature o	f Injury I	n Part I d	or Part II of	Item 18.	.)	
OR CONTRIBUT	TIFY MEDICA	L EXAMIN	ER)									
NE OF				NJURY OCCURRED 120	e. PLAC	E OF INJURY (Home, fa	arm, 20	f. (City	or town)	(Cou	nty)	(State)
2Dc. TIME OF Hour a.i			While	Not While	factor	y, street, office bldg., e	etc.)					
		19	at worl		-	10-10-1	260	. 0	/2		12 . 1 . 1	. () I (
			tal) attend	ed the deceased fro			900,	//			that (
22a. SIGNATU	ceased aliv	e on	·	1906, an	d that	death occurred at_		, mom th	e causes a		he date sta	
228. (310/1410	ATTENDING THE MED. TO STAFF THE LOCAL CO. S.							3 66				
22c. PHYSICIA	AN'S	7.	2000		M.D.		DIRECTO		HYS.	7		,
NAME (T	ype) Geo	rge h	. Mit	cheli		224-8 ADDRESS	tter	y Lar	ie, be	thes	da, M	d •
23a. BURIAL, CREM	MATION, 23b	. DATE TI	HEREOF	23c. NAME OF CEN	METERY	OR CREMATORY	23d.	LOCATIO	ON (City, tov	NU OL COL	inty)	(State)
23a. BURIAL, CREM REMOVAL (SP Burial	eclfy)	6/15/	66	Laytonsvi	ille	Meth. Ch					laryla	nd
24. FUNERAL DIRI	ECTOR			ADDRESS		25a. RE					S SIGNATUR	
Tyson Who	eeler	Funer	al Ho	me 1331 Ro	ckvi	Mary lake	M 1	400	- m	Line	Va. Que	Lat.

1/65 A15

UTG60 Charles and the Control of the Contr nostratio, territor Toward the second of the secon on all the original and the control of the control the first of the state of the s Types Sheeter suners I Hose Idday I. S. Safeligh La 1864 Power Jude

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00994		CERTIFICATI	OF DEATH		(10001)
PLACE OF DEATH	gomery	MARYLAND	2. USUAL RESIDEN		institution: Residence before edmission) ITY Montgomery
write RURAL and	outside corporete limits, give nearest town)	c. LENGTH OF STAY IN 16		(If outside corporete limits, write er Spring	RURAL end give naarest lown)
d. NAME OF HOSPIT	sington ALORINSTITUTION (IF n ton Gardens	ot in hospital, give street address)	d. STREET ADDRESS	lesville Road	IS RESIDENCE ON A FARM?
. NAME OF	First	Middla	Last	4. DATE Month	YES NO TO
(Typa or print)	Charl		unningham	of DEATH June	27, 1966
Male		MARRIED NEVER MARRIED 8	Sept. 27, 1	9. AGE (In years last birthday) 91 yrs.	Months Days Hours Min.
Oa. USUAL OCCUPATI done during most of wor Retired—Jan	ON (Give kind of work king life, even if refired)	School Board	Unknown	nty & State, or foraign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	INAME	0.000
	nknown		Unknos		
	R IN U.S. ARMED FORCE yesgivewarordetasofsarv	ien!	nformant nsington Gard	dens Rest Home,	Kensington, Md.
Conditions, if any gava rise to immedia (a), stating the ur cause last. PART 11. OTHER	ata causa nderlying DUE TO	CARDIAC S			
(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)		O. (Entar natura of injury in ACE OF INJURY (Home, far tory, streat, offica bldg., at	m, ; 20f. (City or town)	(County) (State)
Hour e.m. p.m. 21. I certify the saw the deceas 22e SIGNATURE 22c PHYSICIAN'S NAME (Type)		attended the deceased from.	death occured at	196,610 JUNE	271966hat (1) (we) last and on the date stated above. 6/27/66 SIGNED RD NWAS HD
REMOVAL (Specify)	7/6/66	Forest Oak		Gaithersburg,	Md.
Tyson Whee	's SIGNATURE ler Funeral	Home-1331 Rockvill Rockville, Md.	e Pike	JUL 8 1966	Clearly Judge

neren

funeral 24 hours after death. Page the retained by the hospital or attending physician.

TO FUNERAL CAECTOR: After this certificate has been signed by the attending physician and completely die to be director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

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1137.56 Tolling C-barlias School loads 217-32-2792 Mensington Gardene Rest House, Kanalangton, Ed. 7/0/66 Porest Cak Gettnergburg, 8d. cyana wheater uneral some-lill Rockville Fire

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral directar, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death.

VR A15 (4) 20 M 1/66

2859	*il		CERTIFICAT	E OF DEATH			0858	1	
1. PLACE OF DEATH o. COUNTY Mon	tgomery		MARYLAND	2. USUAL RESIDENCE (o. STATE Virgin	(Where deceosed lived, if inst b. (i	itution: Residence OUNTY	e before admis	ssion	
b. CITY OR TOWN	(If outside corporate limit	'S,	c, LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)					
Bethes	ind give nearest town)		10 Hours	Midway I	Island	8	3 - 3		
d. NAME OF HOSP	PITAL OR INSTITUTION (If n	at in haspital, g	give street address)	d. STREET ADDRESS			e. IS RE	ESIDENCE A FARM?	
U.S. Nav	al Hospital	, Bethe	esda, Maryland	175 Tele	egraph Road			NO A	
3. NAME OF DECEASED	Fi	irst	Middle	Lost	4. DATE M	lonth		Year	
(Type or print)	Ilva	nia	(N)	DAVIS	DEATH JU			9 66	
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years			DER 24 HRS. rs Min.	
Female	Negroid	WIDOWED	DIVORCED	13 April 19	966 yrs	. 2	12		
during most of workin	ON (Give kind of work done ng life, even if retired)	10b. KI IN	ND OF BUSINESS OR DUSTRY NA	Quantio	y & State, ar foreign country) co, Virginia		ZEN OF WHAT INTRY? SA		
13. FATHER'S NAME				14. MOTHER'S MAIDEN					
	Davis		CES HOLD		Mae Hills	S			
	VER IN U.S. ARMED FORCES?) [(If yes give war ar dates			INFORMANT	175 Telegr				
NO				on "D" DAVIS	S Midway Isl	and, Vi			
	DEATH (Enter only one con EATH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(o) CO	(o), (b), ond (c).) ngenital Hear	t Disease			INTERVAL E ONSET AND		
Conditions, if ar rise to immedi stating the und last.		(b) TO							
PART II. OTHER	SIGNIFICANT CONDITIONS	ONTRIBUTING 1	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)		19. WAS AT PERFORM	UTOPSY RMED? NO	
OR CONTRIBUTIN	VAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY OCCURRED). (Enter noture of injury in	Port I or Port II of item 1B.)				
	p.m. 19	While of war	Not While of twork	LACE OF INJURY (Home, far actory, street, office bldg., etc.	.)			(Stote)	
21. I certify that (IX(this haspital) attended the deceased fram 27 June , 19 66, saw the deceased alive an 28 June 19669 , and that death accurred at 8:05.					19,66, ta <u>28 J1</u> t <u>8:05</u> M , fram caus	<u>ine</u> , 19 <u>6</u> es and an th	6 that (D) e date stat	C(we) la: ted abov	
220. STGNATUR	mes a	m	man	W.D. ATTENDING PHYS.	MED. STAFF PHYS.		TE SIGNED June 1	1966	
22c. PHYSICIAN HAME (Typ	1	Murray	LT MC USM		val Hospital	Bethes	eda, Mo	i.	
230. BURIAL, CREMAT	TION, 23b. DATE TH		23c. NAME OF CEMETERY O	em Church	23d. LOCATION (City or Triangle	Pr. Wi	(County) lliam	(Stote) Va.	
24. FUNERAL DIREC	TOR	1311 (harles Street	. 2So. REC		REGISTRAR'S SIG		377	
Bailev F	uneral Home	Transla :	dalabana Wa	DATE	JUN 3 0 1966	Julian	rles Ju	del	

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	Michael Words Const.	
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	evanelli Prorii Liet-1-esti.	
	The state of the s	
Boothean .		
	Locate H Care .6 .0 .0	
And who ha	BOOK OF YOUR TO WAR THE	- Second Tonatan de Sand

0 VR A15ME 3500 4-64

25a.

e. IS RESIDENCE ON A FARM?

Year

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

NO F

(State)

and in my opinion

22. DATE SIGNED

(State)

YES X

(County)

NO

YES

Day

Days

12. CITIZEN OF WHAT

COUNTRY?

Months

AND STREET LOOK AND THE PERSON OF THE PROPERTY OF THE PROPERTY OF THE PERSON OF THE PE NEWSON OF ATABILITIES OF STEELINGS INDIVIDUAL TO SEEDS TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dealth.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DINISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
18234	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH, CERTIFICATE OF DEATH,	08583

_	T1 27 271 Fill	C272 - 6/2/66 mb (10.00)
1.	PLACE DF DEATH e. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
	MONT GOMERU MARYLAND	a. STATE MARULAND b. CDUNTY
١,	b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TDWN (If outside corporate limits, write RURAL end give nearest town)
	SILVER SPRING 9 dAUS	BAHIMORE 30-4
	d. NAME OF HDSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE DN A FARM?
	Holy CROSS HOSPITAL	676 WEST FAYETTE ST. YES NOW
3.	NAME DF First Middle	Last 4. DATE Month Day Year
	(Type or print) $150m$ Joseph	1)EAN DEATH 6 1 1966
5.	SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
11	ALE WhitE WIDDWED DIVORCED	12/28/04 6/ yrs.
1Da dur	. USUAL DCCUPATION (Give kind of work done 1Db. KIND DF BUSINESS DR INDUSTRY INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT CDUNTRY?
10	KRAL ESTATE AGENT	1 Ky USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15	Dean	Lenis
(Ye	WAS DECEASED EVER IN U.S. ARMED FDRCES? s, no, or unkown) ((fyes give war or dates of service) World War II 195421-2309 Mi	INFDRMANT Address
	-+>> 1112	ss Aidebella Dean 500 W. University Pkwy.
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN DNSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Carcinoma of pr	ostate Unknown
	177 X DUE TD	Known since
	conditions, If any, which gave rise to immediate (b) Metastatic carc	inoma to bones and liver That 23 1966
	cause (a), stating the DUE TD	
z	underlying cause last. (c)	AND THE PARTY OF T
ATIO	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFDRMED?
읦	Acute pancreati	
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING ☐ DESCRIBE HOW INJURY DCCUDE CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury In Pert I or Part II of Item 18.)
MEDICAL	facto	CE DF INJURY (Home, farm, 2Df. (City or town) (County) (State) ry, street, office bidg., etc.)
AE I	Hour a.m. While Not While p.m. 19 at work at work	sy, street, unice blug, etc.)
	21. I certify that (I) (this hospital) attended the deceased from	Nay 22 , 1966, to June 1 , 1966, that (1) (we) last
		death occurred at A. M, from the causes and on the date stated above.
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
	an purculation of Marin M.D	. PHYS. DIRECTOR PHYS. June 1, 406
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS 8237 GODE GAR AMON Sonor Eld
23a	BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LDCATION (City, town or county) (State)
	REMOVAL (Specify) (1/1/2011 Loudon Pay	rk Cemetery
24.		/a ti onal / cenet. Baltimore Md
21	In 1 7 is how it willy mad	DATENIN 3 1966 Acharles Judge
IV	in to forman - some with the	DATE DATE OF STREET

VR AI5 (4) 20M 1/65

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O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon gopers. Pages 1 and 2 should be filled with the registrar priar to burial, crematian, ar remayal, and in any event within 72 haurs after death. after death. Page 4 TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hp he haspital ar attending physician.

may be retaine TO FUNERAL DIRE

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	08594	CERTIFICA	ATE OF DEATH		Reg. Dist. No. 1185	84
)	1. PLACE OF DEATH o. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE MARYLAND	sed lived. If institution b. COUNTY	nn: Residence befare admission	on)
		NGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor	porote limits, write RU		
	SILVER SPRING	20 YRS.	KENSINGTO	ON	15.1	/
8	d. NAME OF HOSPITAL (If not in hospital, give street addres OR INSTITUTION HOLY CROSS HOSPITAL	S\$}	d. STREET ADDRESS	IL STREE	e. IS RESID ON A F YES ☐	FARM?
36.45	3. NAME OF DECEASED (Type or print) ELEANUR	Middle D	Bettencourt DEAT	Mont	th Day Ye	ear 966
	S. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9=24=14	9. AGE (In years last birthday) 51 yrs.	IF UNDER 1 YEAR IF UNDER Months Days Haurs	
ř	100. USUAL OCCUPATION (Give kind of work dane 10b. KIND during most of warking life, even if retired)	OF BUSINESS OR INDU			12. CITIZEN OF WHAT CO	DUNTRY?
	HOUSEWIFE 13. FATHER'S NAME		WASHINGTON,	D. C.	U.S.A.	
		RROLL	MINA ESPEY			
6	(Yes no or unknown) . (If we give was as dates of service)	12-1046	nformant OHN M. dobette)	Addr mattoni	SAME AS # 2.	
2	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 While of work 2 21. I certify that I attended the deceased fr	CONTROL 200. PL Not while of work	D. (Enter noture of injury in Port I or P	dial Sca fart II of item 1B.) ity or town)	EN IN PART 1(a) 19. WAS A PERFOR YES []	UUTOPSY RMED? NO [
1	BURIAL 6-6-66	ten	ADDRESS M.D. 9/5 /9 4	(Street, city or town, St. 7) (ATION (City, town, c)	or county) (State	SIGNED 6/2/
	FRANCIS J. COLLINS 3821	14TH. ST.	N. W. BATEN 6	1966 Jan	arles Judg	L

THE REPART OF THE PROPERTY OF MO TOTAL SECTION OF THE SECTION OF in chappening the property _ - _.--Metall J. D. D. C. C. College WITSTAN SUBBRY CAROLLY CO. S. MISA ESPECIA 3 4 84 HOLE CHUONIE TERRO TO MITO. The said of the second of the

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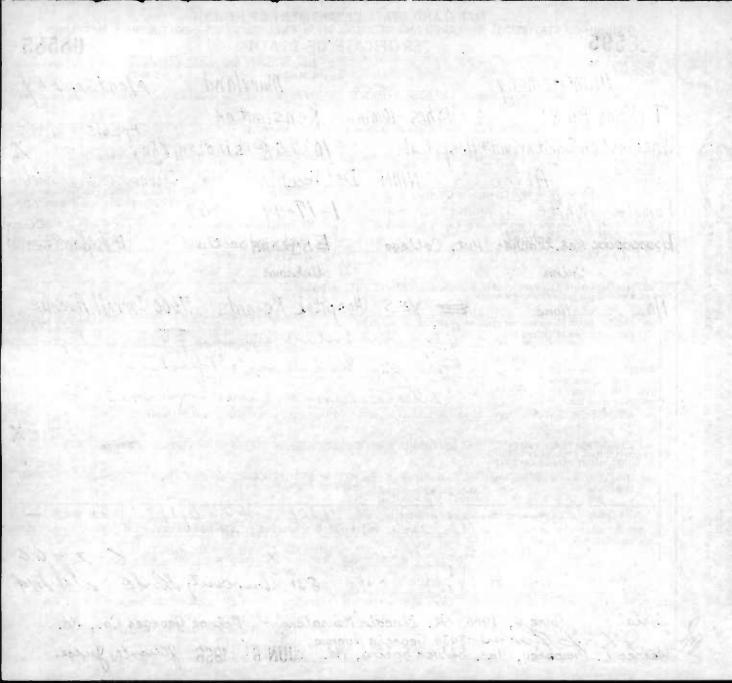
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
(18585)

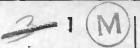
1. PLACE OF OEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission
MONTGOMENV MARYLAND	a. STATE MANY AND b. COUNTY	CONFOU
b. CITY OR TOWN (if outdide corporate limits C. LENCTH OF STAY IN 1h	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
write RURAL and give nearest towh)	Kanainstan /	4-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Nensing Con	I - Le DECIDENCE
d. HAME OF HOSPITAL OR INSTITUTION (II NOT II) HOSPITAI, give street address)	d. STREET ADDRESS.	9. IS RESIDENCE
Wasning Con Sanitarium & Hospital	11 10225 Kensington, Phuy	YES NO
3. NAME OF First Middle OECEASED	Last 4. DATE Month	Day Year
(Type or print) HLICE NIIN D	el recchio DEATH June:	2, 1946
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	4	YEAR IF UNDER 24 HRS
Female White WIDOWED DIVORCED	1-17-99 (ast birthday) Months	Days Hours Min.
10a. USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT REP
during most of working life, even if retired) INDUSTRY	Example Scotland Ex	UNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	PAKKAKI BKILIH
Quinn	Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		
(Yes, no, or unkown) (If yes give war or dates of service)	11 1 1 1 1 1 1 1 1	1/ 1/2
NO None New YES 140:	spital Records 1600 Corrol	Trenue
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	0 , 0	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	online amender Fil	1 mg
4201 DUE TO		0
Conditions if any which	unchross's Harelin	agu .
gave rise to immediate	0	
cause (a), stating the DUE TO	Ino : Tause - mome 9	The same of the sa
underlying cause last.) (c) CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDICION GIVEN IN PART 1(3)	PERFORMED?
91		YES NO
☐ 20a. ACCIDENT WAS UNDERLYINC ☐ 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.))
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ICE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
While Not while	ory, street, office bldg., etc.)	
	11/10/ 10/01/11/ 10/1	La at a to a variable
21. I certify that (I) (this hospital) attended the deceased from	1960, to 6/1/, 196	b, that (1) (we) las
	t death occurred at AM, from the causes and on the	
22a. SIGNATURE Of March	ATTENDING MED. STAFF	ATE SIGNED
M.D.	D. PHYS. DIRECTOR PHYS. 16-	7-66
22c. PHYSICIAN'S NAME (Type) Chas H NoLoHON	831 Unevenity Hart	S.A. Mid
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	Y OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
REMOVAL (Specify)	Low Econitor (org, com of cou	(0.000)
Burial June 4, 1966 It Lincoln M	1 25a. REC'D BY REGISTRAP 25b. REGISTRAP	Md Chicken
	enue	STUTATIONE
	Md. 18th 6 10CC rollanger	well.

VR AI5 (4) 20M 1/65

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.





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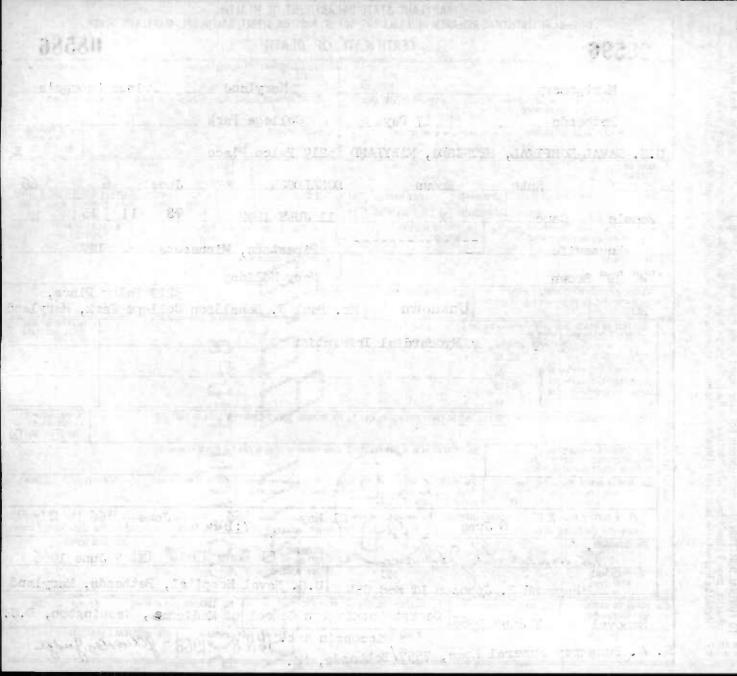
IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death.

Page 4 moy be retained by the hospitol or ottending physician.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08596		CE	RTIFICATE	OF DEATH			08586 /
PLACE OF DEATH					(Where deceosed live		esidence befare odmission)
o. COUNTY			MARYLAND	a. STATE	rland	b. COUNTY	e George's
	b. CITY OR TOWN (II autside corporate limits,		STAY IN 1b	c. CITY OR TOWN (If			
write RURAL ond give r	eorest town)						
Bethes		17 I			ge Park		I a IC DECIDENCE
d. NAME OF HOSPITAL OR	NSTITUTION (It not in I	iospitol, give street addre	ess)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
U.S. NAVAL H	SPITAL. B	ETHESDA. MA	RYLAND	5219 Palco	Place		YES NO X
NAME OF	First	Mid		Last	4. DATE	Manth	Day Year
(Type ar print)	Ruth	Brown		DONALDSON	OF DEATH	June	6 19 66
		MARRIED NEVER A		B. DATE OF BIRTH	9. AGE	(In years IF U!	NDER I YEAR IF UNDER 24 HRS.
			VORCED			birthdoy) Mon	ths Doys Hours Min.
	Jauc			11 JUNE 18		73 yrs. 11	
 USUAL OCCUPATION (Give I ring most of warking life, ever 		10b. KIND OF BUSINESS		11. BIRTHPLACE (Count	ty & Stote, or foreign o	Juntry)	2. CITIZEN OF WHAT COUNTRY?
Housewi			·	Pinestor	ne. Minnes	ota	USA
. FATHER'S NAME		49-41-7		Pipestor 14. MOTHER'S MAIDEN	NAME		
"W" "B" Bro	wn .			Mary Hol	lidav		
S. WAS DECEASED EVER IN U.S.	ARMED FORCES?	16. SOCIAL SECURITY	y NO. 17.	INFORMANT		521/ddre1001	lco Place,
Yes, no, or unknown) (If yes	give wor ar dotes of serv	Unknown		D7 D I	Non-1-1-00		Park, Marylan
T IB. CAUSE OF DEATH (E				. raul	JOHALUSOH	OCTTORC	INTERVAL BETWEEN
Canditians, if any, which rise to immediate cous stoting the underlying last.	e (o), (
PART II. OTHER SIGNIFICA	NT CONDITIONS CONTR	BUTING TO DEATH BUT N	IOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN F	ART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO [X
200. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL CONTRIBUTION OF INJURY	SE OF DEATH	20b. DESCRIBE HOW IN	JURY OCCURRED.	(Enter nature af injury i	n Part I ar Part II af	item 18.)	
20c. TIME OF INJURY Mo Hour a.m. p.m.	nth, Day, Year 19	20d. INJURY OCCURRED While Not While of work to the otwork	e foct	CE OF INJURY (Hame, fai tory, street, affice bldg., et		ar tawn)	(Caunty) (Stote)
21. I certify that (X) (this haspital) attended the deceased from 21 May , 1966, to 6 June , 1966, that (X) (we) last sow the deceased alive on 6 June 1966, and that death occurred of 7:10 M, from couses and on the date stated obove.							
22a. SIGNATURE	mondi	B. John	ж. М.		MED. DIRECTOR	STAFF	7 June 1966
22c. PHYSICIAN'S NAME (Type)	ymond B.	oppison LT	MC MSC USN				esda, Maryland
230. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE THEREOF	1900					ashington, (Stote)
24. FUNERAL DIRECTOR		ADDRI	SWiscon	sin Ave 250 M	D BY REGISTRAR	2Sb. REGISTR	AR'S SIGNATURE
. A. Pumphre	y Funeral		7/D-41-		N 8 196	d fine	was judge



MARYLAND STATE DEPARTMENT OF HEALTH

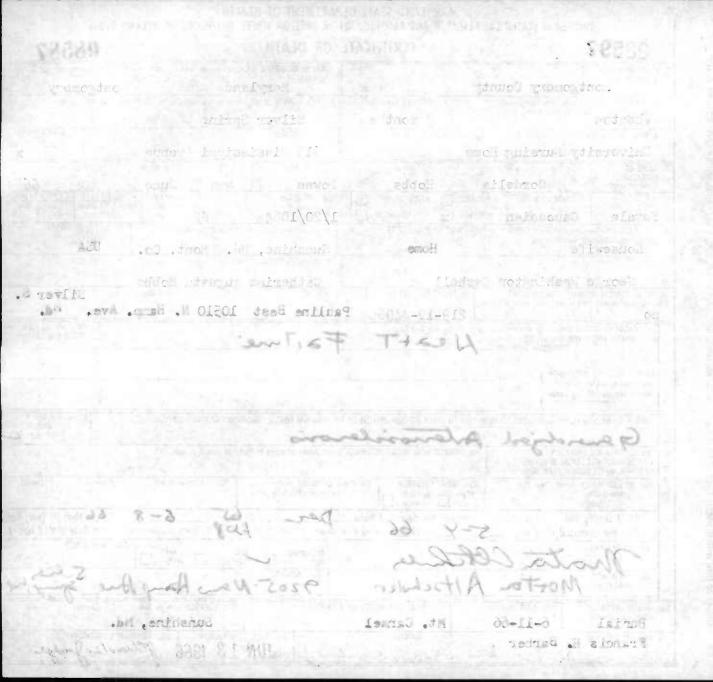
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

085	98	CERTIFICATE	OF DEATH		118587			
PLACE OF DE O. COUNTY	ATH Montgomery County	MARYLAND	2. USUAL RESIDENCE (o. STATE Mary	Where deceosed lived, if institution: F b. COUNTY	Residence before odmission) Montgomery			
b. CITY OR TO write RUR Wheat	WN (If outside corporate limits, AL and give nearest town) ON	c. LENGTH OF STAY IN 16 3 months	1	utside corporote limits, write RURAL o	nd give nearest town)			
d. NAME OF H	OSPITAL OR INSTITUTION (If not in hospi	tol, give street oddress)	d. STREET ADDRESS		e, IS RESIDENCE ON A FARM?			
Unive	rsity Nursing Home	9	615 Miss:	issippi Avenue	YES NO RE			
3. NAME OF DECEASED (Type or print	First Cordelia	Middle Hobbs	lost Downs	4. DATE Month OF DEATH June	Doy Year 8 19 66			
S. SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF)	UNDER 1 YEAR IF UNDER 24 HRS.			
Female	Causasian WIDOW	VED 🙀 DIVORCED 🗌	1/20/1884	lost birthdoy) Mo 82 yrs.	inths Doys Hours Min.			
during most of wo	orking life, even if retired) ewife	b. KIND OF BUSINESS OR INDUSTRY	Sunshine.	& Stote, or foreign country) Md. Mont. Co.	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN	NAME				
	rge Washington Cas	shell	Catherine	e Augusta Hobbs				
	ED EVER IN U.S. ARMED FORCES? own) (If yes give wor or dotes of service)	•	INFORMANT Pauline Best	Address 10510 N. Hamp.	Silver S.			
Conditions, i	OF DEATH (Enter only one couse per line DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO frony, which gove edicate couse (o), underlying couse (c)	L) e > + T	Failm	e`	INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTH	HER SIGNIFICANT CONDITIONS CONTRIBUTIONS	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO			
OR CONTRIB	NT WAS UNDERLYING 209 UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	D. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)	13 10			
20c. TIME O	ur o.m.		CE OF INJURY (Home, forn tory, street, office bldg., etc.		(County) (Stote)			
saw t	21. I certify that (I) (this haspital) attended the deceased fram							
220. SIGNA	horton Cls	Pelley M.	D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED			
22c. PHYSI NAME	Clan's Morton A	Itschuler	22d. ADDRESS 9205	Nan Hamp A	he sping he			
23o. BURIAL, CRE REMOVAL (S		23c. NAME OF CEMETERY OR Mt. Carmel	CREMATORY	23d. LOCATION (City or Town) Sunshine, M				
24. FUNERAL DI	Barber H. Barber	ADDRESS			RAR'S SIGNATURE			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, ar removal and in any event, within 72 haurs after death

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

· M. B	H	08598	CERTIFICATE	OF DEATH		08588
leaf leaf		PLACE OF DEATH D. COUNTY MONTGOMERY	MARYLAND	TATE .	(Where deceased lived, if institution b. COUNTY	
haurs after of in by the fun rs. Pages 1 is hours after of	1	b. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest tawn) Pringfield	c. LENGTH OF STAY IN 1b		outside corparote limits, write RURAL	and give nearest tawn)
filled in papers.		d. NAME OF HOSPITAL OR INSTITUTION (If not in h 5503 Newington Ro		d. STREET ADDRESS 5503 N	ewington Road	e. IS RESIDENCE ON A FARM? YES NO 24
ecuted withi campletely fi ave carban y event, with		NAME OF DECEASED TOHN Type ar print) TOHN TOHN TOHN TOHN TOHN TOHN TOHN TOH	William Do)CHEZ	4. DATE Month OF JUNE	Doy Year 5 1966
and camplest remave carlin any event,	_	M W WI	DOWED DIVORCED	April 3,1	.920 last birthday) 46 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
are bease and in	duri	USUAL OCCUPATION (Give kind af wark dane ng mast af warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY medical		y & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
g phys Then p moval,		John Charles DuCh		Ros	e Coulter	
attending permit. The ian, ar remo	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give war ar dates of servi W. W. II	294-05-2840	Mary V	5503 DuChez Spri	Newington Rd
that the death certific ian. by the attending phystransit permit. Then premedian, arremoval,		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) — DUE TO	Thrampus, It Co	rodalyar	tery	INTERVAL BETWEEN ONDET AND DEATH
e law requires that the death certification physician. so been signed by the attending phas the burial-transit permit. Then prior to burial, crematian, ar remove		Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost. (b)	Coronary ail	ery de	leise	8 years
돈 p 도 S = 3	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
SICIAN: Ispital ar spital ar sertificate ned for uned for	L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature af injury in	Part I ar Part II of item 18.)	
by the has After this ce be detache State Dept.	MEDICA	20c. TIME OF INJURY Month, Day, Yeor Haur o.m. p.m. 19		E OF INJURY (Hame, far ary, street, affice bldg., etc		(Caunty) (State)
R: A)	21. I certify that (1) (this haspital saw the deceased alive on	attended the deceased fram	death occurred a	19 <i>66</i> , ta <i>(a) 3/</i> It 1/30 M, from couses ar	_, 19 that (I) (we) last and an the date stated above.
OR ATT be retain DIRECTO ge 3 sha led with		22a. SIGNATURE	ell M.C	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE-SIGNED
TO HOSPITAL OI Page 4 may be TO FUNERAL DIR director, page should be filed	00	22c. PHYSICIAN'S NAME(Type) JACK K	LEH M.D.	915		.w. hast, b.C.
TO HOSP Page 4 1 TO FUNEI director should	(Seurial, (REMATION, REMOVAL (Specify) 23b. Date Thereof 23c. Date Thereof June 6, 2 FUNERAL DIRECTOR		11	23d. LOCATION (City or Town Suitland TD BY REGISTRAR 25b. REGI	(County) (Stote) Maryland STRAR'S SIGNATURE
VR A15 (4) 20 M 1/60		seph Gawlers Sons	7.00	EP File Chi LA		corles Judge

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	1/ NA		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
.=	- W-	1	0859\$ CERTIFICATE OF DEATH (18589)
death	uneral and 2 death.		1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
after	l in by the f s. Pages 1 hours after		MARYLAND MARYLAND MONTGOMERY
55	Page urs a		b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Stiller RURAL (If outside corporate limits, write RURAL end give nearest town)
hours	ers.	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
n 24	y filled in papers. hin 72 h	2	HOLY CROSS HOSPITAL 1606 TILTON DRIVE YES NOW
within	completely fil		3. NAME OF DECEASED (Type or print) YETTA Middle Last 4. DATE Month Day Year OF DEATH JUNE 10, 1966
ted 1	compl ve car event	-	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
executed	and co		WIDOWED DIVORCED APRIL 11 1889 13 yrs. Months Days Hours Min.
pe e	is se	1	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	pe l	-	HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
certificate	ng pl		HYMAN KAHN MIRIAM - KAHN
h ce	attending ph srmit. Then n, or remova		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give war or dates of service)
death	permit.	=	NO LAWRENCE DUNKELMAN - 1606 TIL TON L 18. CAUSE DE DEATH L'Enter only one cause per line for (a), (b), and (c), 1
the	ed by the at transit pern cremation,		PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
that	gned ial-tra rial, cr		1 DUE TO DUE TO
ires	n signe burial-		Conditions, if any, which gave rise to immediate (b) Cowany others classes and calcifes
law requires	been the p		cause (a), stating the act the tenses with left venturally helitable year.
law	ite has be use as th alth prior	1	
The	rtificate d for use of Health	2	YES NO NO
NG PHYSICIAN: The law requires that the the the health of attending physician.	certification of the different of the di	1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) PART II. OTHER SIGNIFICANT CONDITION GIVEN TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) PART II. OTHER SIGNIFICANT CONDITION GIVEN CONTRIBUTION GIVEN C
PHYSICIA the hospi	this ce detache e Dept.		
NG P	After to be de State		p.m. 19 at work at work
ENDI	e electrical		21. I certify that (I) (this hospital) attended the deceased from 1966, to 1966, that (I) (we) last
OR ATTENDING	DIRECTOR Ige 3 sho led with t		saw the deceased alive on 1966, and that death occurred at 4M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED
L OR	page page filed	,	Age next eventual M.D. ATTENDING MED. STAFF Demo 10, 1966
HOSPITAL Page 4 may	2		NAME CORY ONEY LEVENTHAL M. 22d. ADDRESS Lover String Ind.
O HO	O FUNERA director, should be	12	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
I	7	-	BURIAL 6-12-66 KING DAVID MEMORIAL GARDEN FALLS CHURCH VA 24. FUNERAL DIRECTOR ADDRESS 1 258. REC'D BY REGISTRAR'S SIGNATURE
	A15 (4)		B. Dunzansky + Sons 3501-14 St. N. W Doll 14 1966 Charles Judge
15	M 4-64	4	1 1000

24 hours after deat

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATIS	STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
08600	CERTIFICATE OF DEATH	0859
LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Ins	titution: Residence before a

	0000									1000	1
	ACE OF DEATH COUNTY					2. USUAL RESIDENCE		b. COUNTY		ience before a	dmIssion)
1		Montgon		A STATE OF THE PARTY OF THE PAR	RYLAND	Mar	yland		Mont	gomer	У
b.	Write RURAL	l (if outside corp and give nearest	oorate limits, town)	c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN (If	outside corpora	te limits, write	RURAL and	1 give neare	st town)
	Bethe	sda		1 Week			hesda	- 1011	15	. /	al DENOS
				n hospital, give stree		d. STREET ADDRESS				e. IS RES	FARM?
Bet	hesda	Silver	Spring	g Nursing	Home	5824 Og	den Cou	rt		YES 🗌	NO K
	ME DF CEASED		First	Middle		Last	4. DATE	Month			ar
(T)	ype or print)			IEERIN	DURB		DEATH	June			66
5. SE		6. COLOR OR RA	FI IMPAININ		ILD	DATE OF BIRTH	las	E (In years IF t birthday) M	onths Da		
	male	White	WIDOW			uly 9, 18	86 79	yrs.	TT	5	7
10a. US	SUAL OCCUPAT most of worki	ION (Give kind of v ng life, even if re	vork done 10t etired)	NUDUSTRY	OR	11. BIRTHPLACE (C	ounty & State, or 1	oreign country)	COUN	ZEN OF WHA'	
	ousewi				7-78	Indiana				U.	S.
13. F	ATHER'S NAM					14. MOTHER'S MAIL					
		Sheeri				9	herty				
15. W. (Yes, n	AS DECEASED E	VER IN U.S. ARME (If yes give war or d	ates of service)	16. SOCIAL SECURITY	NO. 17.	INFORMANT Si	ster	Address	0 25	Item	2
N			T.	Vone	Mr	s. Charle	s McCar	thy	e as	rcem	4.
18				er line for (a), (b), and	(c).]					INTERVAL BE ONSET AND	
	PART I. DE	ATH WAS CAUSEI IMMEDIATE CA	D BY: USE (a)	ereor	al	thronk	social		9	24 h	Let.
	3321	/	DUE TO	1.4.	0					-5 ,	
	onditions, if		(b) 1	Mercos	cler	en, gl	ulral	uzul	_	2/4	W.
	ave rise to ause (a), st		DUE TO					0			
ur	nderlying caus	e last.	(c)								UZODOV
O P/	ART II. OTHER S	IGNIFICANT CON	DITIONS CONTE	RIBUTING TO DEATH BU	TNOTRELA	TED TO THE TERMINAL	DISEASE CONDITI	ON GIVEN IN PA	RT 1(a)		UTOPSY RMED?
FICA										YES	NO
CERTIFICATION	Da. ACCIDENT R CONTRIBUTI	WAS UNDERLYIN NG CAUSE OF IFY MEDICAL EX	G 20b DEATH	DESCRIBE HOW IN	JURY OCCU	RRED. (Enter nature o	f Injury In Part I	or Part II of	tem 18.)		
1 '		NJURY Month, I		d. INJURY OCCURRED	120e, PLA	CE OF INJURY (Home, f	arm, 20f. (City	or town)	(County	y) .	(State)
MEDICAL	Hour a.n	1.	W	nile - Not While -	factor	ry, street, office bldg., e	etc.)				
Σ _	p.r			work at work	11	20 00000	2// 1/4	= Vine	20/0/-	Abot (I) (freed Ion
				ended the deceased	Trom	death occurred at	969, 10 -	th course of		e, that (I) (
2	2a. SIGNATUR	ceased alive on	(7)	1966	, and that	death occurred atz	VE FF IVI, ITOIN		22b. DATE		u anove
1	XIA	211	XII	rallace	M 0	ATTENDING THE	MED.	STAFF PHYS.	6-15	-66	
2	2c. PHYSICIA	N'S TOOT		DATTACT	M.D	1 22d. ADDRESS					
	MAME (T)	pe) / JOSE	TH J.	WALLACE		1830 K S	t., N.W.	, Wash	ingto	on, D	. C.
23a. C	DURIAL, CREM	ATION, 23b. D	ATE THEREOF	23c. NAME OF	CEMETERY	OR CREMATORY	23d. LOCAT	ION (City, tow	n or count	ty) (S	State)
1	REMOVAL (Spe	ansit 6		Willia	amspo	rt Cemete	ry Wil	liamsp	ort	Ind.	
24.	FUNERAL DIRE	CTOR		ADDRESS	2.6	25a. RE	C'D BY REGISTRA		ISTRAR'S	SIGNATURE	1111
RO	BERT A	• PUMPH	REY,	Bethesda,	Mar	yland DATE J	JN 17 19	366 XC	larle	& Juan	ge

VR A15 (4) 15M 4-64

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

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	Betnesda		absorted.
	one 3826 Ogden Soutst	Romann dan	bethes to 341 year 8n
June 13, Track	i kin i ologi		
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.2 .0	prinibal.		
			diagonth nor to
N double on Tich Z.	na mit. name volt na laste . 12 i		
0-15-20			
e.d., maraterian	,	J. VALLEYCE	
Total Provinces	nda len angalasa Sungi		

DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) . COUNTY b. COUNTY Montgomery MONTGOMERY MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL end give neerest town) Chevy Chase CHEVY CHASE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS BEECHWOOD 7010 Beechwood Drive 4. DATE 3. NAME OF Middle DECEASED JUNE LEATHA FAKLE M. (Type or print) 6. COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR | 7. MARRIED NEVER MARRIED last birthday) Months DIVORCED WIDOWED (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) MARYLAND HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death attending ANOREW ANNA BARBARA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Same as Item 2. H. FOWLER MRS 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: ACUTE MYOCARDIAL IMMEDIATE CAUSE (e) DUE TO RTERIOSCLEROSIS Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying ARTERIES cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION certificate 35 GENERANZED 2De. ACCIDENT WAS UNDERLYING OR CONTINUITING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm. 20c. TIME OF INJUNE 201 (City or town) Month, Dev. Year fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from JAN 1958 to JUNE 8 1966 that (I) (we) last saw the deceased alive on. Cleane 819 6.6 and that death occurred all 30 000 the causes and on the date stated above. 220. SIGNATURE MED MUTHER CH PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S FUNERA EYE ٥, 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)

VR A15 (4) 15M 7-62

- B

0

REMOVAL (Specify)

ROBERT A.

urial-transit

24 FUNERAL DIRECTOR'S SIGNATURE

6-10-66

PUMPHREY

BETHESDA. MARYLAND

Hillside Cemetery

Roslyn. Penna. 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

(County)

. IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

DATE SIGNED

U.SA.

19 66

1 3 1 1 1 1 1 1 1 1 1 1 hanlymak the state of the s orist-transits on the delical content thought, format. HOBERT AND THE THE THE PARTY OF THE STATE OF

MARKET DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH M 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) COUNTY b. COUNTY ome MARYLAND 12 t b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end, give necrest town) eator papers. Pages n 72 hours aft d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO L NAME OF Middle DATE Yaar DECEASED OF comple (Type or print) DEATH 19 carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years last birthday) and Months Deys Hours DIVORCED physician USUAL OCCUPATION (Giva kind of work еазе гетоуе 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retired) Retired-Finance Ohio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .= attending 1 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. Pittsburg, Pa (Yes, no, or unkown) | (If yes give we ror detes of service) Mr.MyronM.Eicher-43 Seneca Drive no no 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), end (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e DUE TO geve rise to immediate cause DUE "H (a), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? YES NO T 20e. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm,) Month, Dey, Yeer 20d. INJURY OCCURRED 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Hour a.m. While Not While at work at work une 14, 19.66 that (1) (we) last attended the deceased from. 21. | certify that (I) (this hospital) 300 from the causes and on the date stated above. saw the deceased alive on... .6. Dand that death occurred at Te DATE ATTENDING MED STAFF SIGNIPO page 3 s DIRECTOR PHYS. PHYS. 22d. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Homewood

23d. LOCATION (City.

REC'D BY REGISTRAR

Pittsburgh

256. REGISTRAR'S SIGNATURE

Pennsylvania

후 VR A15 (4) 15M 7-62

23a. BURIAL, CREMATION.

REMOVAL (Specify)

Removal

23b. DATE THEREOF

FUNER filed v

0

1, , , , MARCHAN TOUR who a ten = = = 12 months hard fen When the story # me = 2/01 : 16 21 371867 Kese R Eicher June 14 66 REMAILE WANTE OF THE MINE TIME STATE FOR Resired Thank Dir. Kup Dert. Leseph Excher Kachel Alehr avited securiof Filmano Litterawa. Ti The action of the the things of the said Mexically al attendance is stored former to the second of the se Francis of There was a first to the state of ERANCES 12 1 1 10 11 11 11 11 11 17 5 7 20 11 21 4546 5 7 2 6 5 7 Saminal 6/17/66 Removeed Compley - Cittle to Web, Jount Liver al 110 114 June Ca. 3900 18 37 Nov. 111 16 1965 8 4616 Sept.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

085	03		CERTIFICATI	E OF DEATH		1	18593		
PLACE OF DEA O. COUNTY	Montgomery		MARYLAND	O CTATE	Where deceased lived, if institution b. COUN		before odmission)		
write RURA Bethe			c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate limits, write RURAL Brookdale			and give nearest tawn)		
	ospital or institution (if no Naval Hospit		give street oddress)	d. STREET ADDRESS 4704 Ove	rbrook Road		e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	TT-22	nan	Middle Wyatt E	last ELLIS	4. DATE Month OF Jun	e	Day Year 1 1966		
S. SEX Male	6. COLOR OR RACE Cauc	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH May 17, 190		IF UNDER 1 Y Manths D	EAR IF UNDER 24 HRS ays Hours Min.		
during most of wa	ATION (Give kind of work done king life, even if refired) Navy		IND OF BUSINESS OR IDUSTRY	Chicago,	& State, ar foreign country) Illinois	12. CITIZI COUN	EN OF WHAT TRY? USA		
	les Davison E				Clara Poole				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Brookdale address Mar (Yes, no or unknown) (If yes give wor or dotes of service) 1919-1954 1092-30-0469 Mrs. M. Arline Ellis, 4704 Overbr									
Conditions, inse to immestating the	OF DEATH (Enter only one con DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE of ony, which gove edicte couse (o), underlying couse	(a) me to 10 (b) 10 (c)	astatic adenoc		the sigmoid c	olon	INTERVAL BETWEEN ONSET AND DEATH		
CATION			TO DEATH BUT NOT RELATED TO				PERFORMED? YES NO		
	IT WAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	205. DI	ESCRIBE HOW INJURY OCCURRED.	. (Enter nature at injury in	Part I or Part II of item 18.)				
	F INJURY Manth, Doy, Year or o.m. p.m.	20d. I While	Not While fac	ACE OF INJURY (Home, farr ctary, street, affice bldg., etc.		(Caunt	y) (State)		
	certify that () (this home deceased alive on			April 28 , at death accurred at	19 <u>66</u> , to <u>June 1</u> 510A M, fram causes	, 19 <u>_66</u> and an the	5, that (½ (we) lo date stated aba		
22c. PHYSIC	220. SIGNATURE M.D. ATTENDING DIRECTOR PHYS. 22b. DATE SIGNED 1 June 1966 22c. PHYSICIAN'S NAME (Type) D. K. Roeder, M. D. 22d. ADDRESS U. S. Naval Hospital, Bethesda, Md.								
230. BURIAL, CRE REMOVAL (S BULLIA)	pecify) 6-3-1	966	23c. NAME OF CEMETERY OR U.S. Naval Ac	CREMATORY	23d. LOCATION (City or Tovery Annapolis	wn) (C	ounty) (State) Land		
24. FUNERAL DIE 5130	ph Gawler & S Wisconsin Av	ons e., N.	ADDRESS W. Washington	D. C. DATE	6 1966 25	GISTRAR'S SIGN	Judge.		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 20 M 1/66

ERECH the frame that the tope of the territories with the territories and mp has bloomed and to econtorysaminho againfued un generatives to the second of t Not sent I I have suit to the sent to all the state of t Chargest Allegent Constant American Maryland The state of the s

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please and in any event, within 72 hours after death, should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08604	CERTIFICATE	OF DEATH		118594					
1.	PLACE OF DEATH a. COUNTY Mantzumery	MARYLAND	Maryland	b. cour	intsomery					
-	b. CITY OR 10WN (If autside orparate limits, write RURAL ond give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If nat in)	c. LENGTH OF STAY IN 1b	ROCKUILLE d. STREET ADDRESS	ide carparate limits, write RUI	e. IS RESIDENCE ON A FARM?					
	NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. M	Middle Manches tex	Lost Lost Date of Birth	4. DATE Mont OF DEATH 9. AGE they years	T IF UNDER 1 YEAR IF UNDER 24 HRS.					
du	O. USUAL OCCUPATION (Give kind of work done ring most, of working life, eyen if retired)	IDOWED DIVORCED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHBLACE (County &	State, or fareign country)	Manths Doys Haurs Min. 12. CITIZEN OF WHAT COUNTRY?					
15	FATHER'S NAME William WAS DECEASED EVER IN U.S. ARMED FORCES? es, pa, pr unknawn) (If yes give war ar dates af sen	rice) CCC +	NFORMANT	tance M	Panchester -					
	18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise ta immediate couse (a), stoting the underlying couse lost. (c) UNTERVAL BETWEEN CONSET AND DEATH. DUE TO (b) DUE TO (c)									
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR 20a. ACCIDENT WAS UNDERLYING □	IBUTING TO DEATH BUT NOT RELATED TO T 20b. DESCRIBE HOW INJURY OCCURRED. (<u> </u>	19. WAS AUTOPSY PERFORMED? YES NO					
MEDICAL CERT	OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Yeor Haur a.m. p.m. 19		E OF INJURY (Home, farm, ary, street, affice bldg., etc.)	20f. (City or town)	(County) (Stote)					
	21. I certify that (I) (this haspital) attended the deceased from 4 2, 19 6, that (I) (we) last saw the deceased alive on 19 60, and that death accurred at 3.00 M, from causes and an the date stated above. 220. SIGNATURE 220. PHYSICIAN'S PHYS. DIRECTOR DIRECTOR PHYS. DETAILED BETWEEN PHYS. 221. PHYSICIAN'S PORT OF THE PHYSICIAN'S PHYSICI									
	BURIAL (REMATION, BENEFICIAL (Specify) 6-11-6	6 Rock Creek	Cemetery	23d. LOCATION (City or To Washingto	on, D. C.					
2	ROBERT A. PUMPHREY	Bethesda, Md		BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE					

NEW TILL POLICE STATISMS OF THIS PROPERTY OF PERSONS AND INTERIORS OF THE RESIDENCE #1162A Telled to state throat cost or week matter, which THE REPORT OF STREET AND ASSESSED FOR THE PROPERTY OF THE PROP

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE DEATH 08605 24 haurs after deoth. by the funeral .. Pages 1 and 2 naurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH b. COUNTY o. COUNTY c. CITY-OR TOWN (If outside carporate limits, write RURAL and give neorest tawn) b. CITY OR JOWN)(If auxide corparate limits write DORA) and give nearest tawn) e. IS RESIDENCE ON A FARM? d. STREET ADDRES completely filled in (If not in haspital, give street address) NO 🔀 DATE Manth Year Middle NAME OF Lost/ 3 OF DEATH DECEASED fent, (Type or print) I YEAR IF UNDER 24 HRS AGE (In years 6/COLOR OR RACE 7. MARRIED NEVER MARRIED, last birthday) Days Haurs DIVORCED WIDOWED in ony 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done COUNTRY physician a during most of working life, even if retired) INDUSTRY and MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or removol, Epstein Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI (Yes, no, or unknown) (If yes give war or dates of service Epstein INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH I-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o) Subarachnoid Hamorrha signed by Page 4 moy be retained by the hospitol or attending physician. DUE TO Canditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying couse the lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION director, page 3 shauld be detoched for use should be filed with the Stote Dept. of Health YES X NO FUNERAL DIRECTOR: After this certificote for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stote) 20e. PLACE OF INJURY (Home, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Haur o.m. While Nat While at wark at wark 21. I certify that (1) (this haspital) attended the deceased from_ 19 66, and that/death accurred at 380 M, fram causes and an the date stated abave. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING DIRECTOR M.D. PHYS. 22d. ADDRES 22c. PHYSICIAN NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 47 KINGANVIO MEMGARDEN 2 BURIAL 2Sb. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1986

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Res	idence before edmission)				
- 1	•	occounty Mont gomery MARYLAND	o. STATE MANUILLA 1 b. COUNTY	al a				
	-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)					
		write RURAL and give neerest town)	0 1 0	1001001011				
		Ryral - Damascys Lite	Kural - Darnascus (Cl.	2880//sville)				
	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE				
0		Route 80 - Kemptown Rd.	Route 80	YES NO NO				
	3.	NAME OF First Middle		Day Yeer				
P				15 1966				
1	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YI					
			March 19, 1901 65 yrs.					
	10a doi	USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	the billion of the bi	EN OF WHAT COUNTRY?				
		Housewify Home		1.5,				
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
		Louis Benjamin Easton		xley				
		and the same of th	NFORMANT Address					
	,	No 215-03-6139 ~	John Esworthy Classetts	ville				
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND DEATH				
		PART I. DEATH WAS CAUSED BY: CEVE by 21 H	em orrhage	/ week				
		4 4.3 X DUE TO						
		Continue to the state of the st	Cardiovascular Disease	1048318				
		Conditions, if any, which geve rise to immediate ceuse	Corajosas carac process					
į,		(e), steting the underlying DUE TO		- 10 7 N				
		cause lest. (c)						
	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED?				
A	F			YES NO				
0	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	. (Enter nature of injury in Pert I or Pert II of item 18.)					
		(IF EITHER, NOTIFY MEDICAL EXAMINER)						
	MEDICAL	fact	CE OF INJURY (Home, farm, 20f. (City or town) (Count ory, street, office bldg., etc.)	y) (State)				
	WED	Hour e.m. While Not While et work et work						
		21. I certify that (I) (this hospital) attended the deceased from	14/4 195 % to June 196	that (I) (we) last				
		saw the deceased alive on Juine 12 1966, and that						
		22e. SIGNATURE		22b. DATE				
		Well Culcuell M	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	14 no 15, 1460				
1		22c. PHYSICIAN'S	22d. ADDRESS	1.760				
/		NAME (Type) W.B. Culwell	mount Airy, mar	y land				
	23a	BURIAL, CREMATION. 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)				
		Burial June 18,1966 Montgomery	Meth Clamattawilla	Ma				
	24	FUNERAL DIRECTORY SHOWER OLIVING ADDRESS	Meth. Clarettsville.					
	1	Olin L. Molesworth, Damascus, Md	· DATUN 20 1968 Acharles	Judge				
B			1 1000 11 4 0 1300	1 1				

7 3 1 AT ALTONOMY TO A PROPERTY OF THE PROPERTY OF T Market Committee Com The late of the contract of th MARYLAND STATE DEPARTMENT OF HEALTH
CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, A

	08607	CERTIFICATE	OF DEATH	08597					
1.	PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, o. STATE Maryland	b. COUNTY					
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town). Bethesda (rural)	c. LENGTH OF STAY IN 16 9 hours	c. CITY OR TOWN (If outside corporote limits, Riverview Village	Indian Head 02-2					
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hasp U. S. Naval Hospital	pital, give street address}	d. STREET ADDRESS Apartment 7G	e. IS RESIDENCE ON A FARM? YES NO 3					
2	NAME OF First DECEASED (Type or print) Wilma			Month Doy Year June 9 1966					
	SEX Female 6. COLOR OR RACE 7. MAR Cauc WIDO		9. AGE (In lost bit 46	rthday) Manths Days Hours Min.					
du	ring mast af warking life, even if retired) Housewite	Ob. KIND OF BUSINESS OR LINDUSTRY	11. BIRTHPLACE (Caunty & State, or fareign caur Lyons, Kansas	12. CITIZEN OF WHAT COUNTRY?					
13	Raymond L. Foster		14. MOTHER'S MAIDEN NAME -Beth Bertha John						
IS (Y	(If yes give war ar dates af service) (Uses give war ar dates af service)		NFORMANT age, Indian Head John E. Ewing, Apt.						
	Canditians, if any, which gove rise to immediate cause (a), stating the underlying couse last. DUE TO DUE TO (c)	Widespread Metas	tatic Adeno Carcinoma						
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WA PER YES.								
L CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(Enter nature of injury in Part I or Part II of ite						
MEDICAL	p.m. 17	While of Not While foct	CE OF INJURY (Hame, farm, ory, street, affice bldg., etc.)						
	21. I certify that (X) (this haspital) attended the deceased fram June 9 , 1966, ta June 9 , 1966, that (X) (we) las saw the deceased alive on June 9 1966, and that death accurred at 555 PM, fram causes and an the date stated abave 22a. SIGNATURE M.D. ATTENDING MED. DIRECTOR STAFF 10 June 1966 22c. PHYSICIAM'S 22d. ADDRESS								
23	NAME (1/pe) J. E. ZINDERMA Id. BURIAL, CREMATION, 23b. DATE THEREOF	AN, M.D. 23c. NAME OF CEMETERY OR	U.S. Naval Hospita:						
2	BEMOVAL (Specify) Burial Funeral Director W. W. Chambers Co., 140	Arlington Na ADDRESS O Chapin St., N.	2Sa. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE Clianley Juny					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave cashon papers. Pages I and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, whim 72 haurs after deaths.

VR A15 (4) 20 M 1/66

20230 bubli nethal meditil we transi - Lead of the John Committee Breignak - beat metan, ees - war in all was lack Strain CERG . Alt. John E. Swine, Mrt. 75, Strainley VIII-.S. .aye. it saids. .S. Semande, Md. And the contract of the second of the second of . de lagabare ... Monatantante. M. de la lagabare d

WE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8608 CERTIFICATE OF DEATH funeral and 2 r death 24 hours after death. 1. PLACE OF DEATH
a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY physician and completely filled in by the 1 n please remove carbon papers. Pages 1 val, and in any event, within 72 hours after b. CITY OR TOWN (if butside corporate limits, write RURAL and give nearest town) MARy/And MARYLAND c. CITY OR YOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Guears and 8 mons Silver Spring a d. NAME OF HOSPITAL OR WISTITUTION (If not in hospital, give street address) d. STREET ADDRESS executed within NAME OF DATE Month 3. Middle Last 4. DECEASED 0F DEATH (Type or print) Pn Farley AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO last birthday) Months Female DIVORCED WIDOWED I 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 10a, USUAL OCCUPATION (Give kind of work done) pe during most of working life, even if retired) Own Home nomemaker FATHER'S NAME ficate removal, MOTHER'S MAIDEN NAME attending phy John Gibson cer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? North 16. SOCIAL SECURITY NO. 17. INFORMANT TO FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burlal, cremation, or in the state Dept. Charlse (Yes, no, or unkown) (If yes give war or dates of service) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physiclan. Martha Macht None N_0 None CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 18. PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions. If any, which (b) gave rise to immediate **OUE TO** cause (a), stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work 19 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 3/30 6 M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE ATTENDING PHYS. MED. M.O. DIRECTOR **ADDRESS** 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial 966 glenwood emeter FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS homas Georgia 166

Baltimore

Day

29

Days

12, CITIZEN OF WHAT

COUNTRY?

e. IS RESIDENCE

YES

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

(State)

(State)

PERFORMED? NO X

YES

DATE SIGNED

(County)

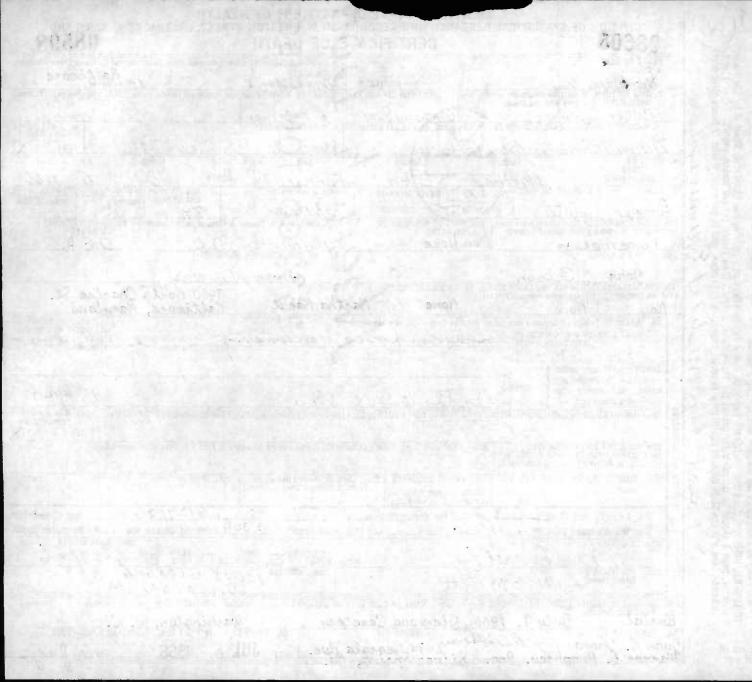
ON A FARM? NO

Year

1966

MIn.

VR A15 (4) 15M 4-64



FOR STATES HEALTH DEPT. Page Jo deloy Department ofter hours Pages State (hours ofter death. he within event any d "pending" in pencil in Chief Medicol Examiner's be executed within E File puo permit. removal buriol-tronsit 10 This certificate should ne certificate, writing the word should be farworded to the Cl cremation, 0 buriol, pe 0 prior ploods designated agent, FUNERAL DIRECTOR: Poge for funeral director. retained

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08609 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DÊATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Montgomery District of Columbia MARYLAND b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) 23 days Silver Spring Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5122 New Hampshire Avenue Holy Cross Hospital YES NO THE 3. NAME OF 4 DATE Middle Lost Month Year DECEASED Franklin Farrel1 (Type or print) June 30 19 66 DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED x NEVER MARRIED lost birthdoy) Hours WIDOWED DIVORCED 62 Male White May 27, 1904 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRIHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT Kentucky Mistricia ex Coinobia during most of working life, even if retired) INDUSTRY COUNTRY? Broker USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAMI Benjamin Farrell WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Elissa Drive. Rockville. 4704 (Yes, no, or unknown) (If yes give wor or dates of service 578-48-2156 Mrs. Patricia Md INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Fat embolization to brain, lungs, and IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove kidneys due to fractured right ischium. rise to immediate couse (a). DUF TO stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION NO 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CAUSE OF DEATH Deceased fell down stairway at home. 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour arm While Not While factory, street, office bldg., etc.) 1966 ot work ot work ome Washington C. 21. I certify that I took charge of the remains described above, held an Autopsy D Inspection ond in my opinion death resulted from Natural causes Acident / Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE _ EXAMINER'S NAME (Type) CEMETERY OR CREMATORY 23b. DATE THEREOF BURIAL CREMATION. 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Buria Mt. Olivet Cemetery 250. REC'D BY REGISTRAR 1 755 24. FUNERAL DIRECTOR Sons Gawler's 1966

Items 18-21 Film G379 7/MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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funeral l and 2	1.	PLACE OF DEATH a. COUNTY Montgomer	-Y MARYLAND	2. USUAL RESIDENCE (o. STATE 4701-	Where deceased lived, if institution b. COUNTY	
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within 24 ho sly filled in loon papers. within 72 ha	1	V	w Sanctarium		4. DATE // Month	ON A FARM? YES NO Day Year
campletely f ave carbon y event, with		DECEASED (Type or print) SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	ARRELL	DEATH 128/66	TURE 28 1966 IF UNDER 1 YEAR IF UNDER 24 HRS.
and can		Fe. W. D. USUAL OCCUPATION (Give kind of work done	WIDOWED DIVORCED 10b. KIND OF BUSINESS OR	Jan-28-	/886 State, ar fareign country)	Months Days Haurs Min. 12. CITIZEN OF WHAT
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ne death certifi attending phy permit. Therrion, ar remaya	15	WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknawn) (If yes give wor or dotes of		SART 17. INFORMANT	HH Bray Sisser Address	dy chaycher
r requires that the death certificate be executed within 24 hours after ng physician. In signed by the attending physician and campletely filled in by the fuse burial-transit permit. Their please remave carbon papers. Pages 1 ta burial, cremation, ar remayal, and in any event, within 72 haurs after		IB. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (DUE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause	o) Preum Cerchol 4	Visionania	and Covering &	INTERVAL BETWEEN ONSEL AND DEATH
AN: The law of a attendinicate has been for use as the Health priart.	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	zeloughitis	SE PERSON		19. WAS AUTOPSY PERFORMED? YES \(\) NO
HYSICIAN hospital is certifica ached far ept. af He	AL CERTIFICATION	2Dg. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURR			
by the hardfler this be detacted State Deg	MEDICAL	2Dc. TIME OF INJURY Manth, Doy, Yeor Haur o.m. p.m. 19	While Nat While at wark of work	PLACE OF INJURY (Home, forn foctory, street, office bldg., etc.)	(County) (State)
TTENDIcained by TOR: Af hauld by the State of the State o		21. I certify that (I) (this host saw the deceased alive an 220. SIGNATURE	oital) attended the deceased from	that death accurred at	19 42, ta	, 19 <u>66</u> , that (I) (wo) la nd an the date stated abav 22b DATE SIGNED
may be ret RAL DIREC r, page 3 sl be filed wil		20. BUYSICIAN'S	MECARTHY SR. M.	M.D. ATTENDING PHYS. 22d. ADDRESS 3.0.1 Q 5	MED. STAFF DIRECTOR DIRECTOR PHYS. D	Joure 18,1966 NATON DE 2000)
Page 4 may TO FUNERAL director, po		a. BURIAL CREMATION, REMOVAL (Specify) Buriel 6-30-	3000 3/4 0	or CREMATORY	23d. LOCATION (City or Town Washingtor	(Caunty) (State)
VR A15 (4) 20 M 1/66		4. FUNERAL DIRECTOR Joseph G. 130 Wisc. Ave. N	awler's Sons In	DATE JU	D BY REGISTRAR 256. REGI	strar's signature

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	USOLA	CERTIFICATE	OF DEATH	08601/
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	b. CITY OR TOWN (Il autside carparole limits.	c, LENGTH OF STAY IN 16		mits, write RURAL and give neorest town)
	b. CITY OR TOWN (1) autside carparale limits, write RURAL and give nearest town)	Iday 15/2hr	2 1 1	1/ 2
	TAROMA PARIZ d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS	e. IS RESIDENCE
	a. NAME OF HOSPITAL OR INSTITUTION (IT HIGH IN II		2 2 1	ON A FARM?
1	Ashington SanitaRiun	n e Hospital	2005 Brighton	ROAD YES NO
	NAME DF () First	Middle	Last 4. WATE	Manth Doy Year
	(Type or print) Donald	ARTHUR	TISHER DEATH	6 2 1966
S. :	SEX 6. COLOR OR RACE 7. M	MARRIED NEVER MARRIED 8.		E (In years IF UNDER I YEAR IF UNDER 24 HRS. st_birthday) Months Days Haurs Min.
	m Canc. W	IDOWED DIVORCED		Yrs.
	. USUAL OCCUPATION (Give kind af wark dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Caunty & State, ar fareign	country) 12. CITIZEN OF WHAT
duri	ing most of working life, even if retired)	INDUSTRY	West Virginia	COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	FINERCO
	Arthur Fisher		Lalia Pain	
15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	LELIA PRICE	Address
	s, na, ar unknawn) (If yes give wor or dates of servi	ice)	11 11	+
_	none	1578-05-3000	PATIENTS Ch	ARI
	 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: 	r line far (a), (b), and (c).)	1.12	. INTERVAL BETWEEN ONSEL AND DEATH
	IMMEDIATE CAUSE (o)	acute mys	cardel infare	from 48 hours
	DUE TO	0	1 6 10	1 1 10 10 1
	Conditions, if any, which gave (b)	CVA - occlus	con 1st post. 7	of cerebully days
	stoting the underlying cause DUE TO			arting
	last. (c)			0
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITION GIVEN IN	PART I(a) 19. WAS AUTOPSY PERFORMED?
2	Donatition or	mill. Vun		YES NO Z
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED. (I	Enter nature of injury in Part I or Part II o	of item 18.)
E	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
B	20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLACE	E OF INJURY (Hame, form, 20f. (Ci	ty ar tawn) (County) (Stote)
MEDICAL	Haur o.m.	While Nat While focto	ry, street, affice bldg., etc.)	(**************************************
	p.m.	at wark U at work U	100	//2/ 10// 11 . 11 / 14
	21. I certify that (I) (this haspital	diffended the deceased from	/10 , 1966 , to_	om couses and an the dote stated above
	sow the deceosed alive on 6	20 19 66, ond man	rdeom occurred of 2 - Am, 11	Orn couses and an the date stated above
	22a. SIONATURE		ATTENDING MED.	STAFF
	Hulle	M.D		PHYS.
	22c PHYSICIAN'S NAME (Type)	() - 26.1	22d. ADDRESS 7105 - RIG	CC BA
	110GH V	T. LATY		
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C		ON (City or Tawn) (County) (Stote)
F	REMOVAL (Specify) 6/23/66	Cedar Hill		land, Md.
	FUNERAL DIRECTOR Nalley's	Funeral ADDRESS Mt. Ra		2Sb. REGISTRAR'S SIGNATURE
E	Home Inc.	Maryla	nd DATE JUN 24	1966 Icharles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicant and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

\$ 11, 12 Barrell Properties (1997) and the Committee of the Commit The state of the s

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR 612

OCOTA .	CERTIFICA			11001	16
1. PLACE OF DEATH	1	2. USUAL RESIDEN	CE (Where deceased lived,	If institution: Residence	e before edmission)
e. COUNTY		a. STATE	ь. со	UNTY	94-1
Monto gomery	MARYLAND	WAShingt	en D.C.	7 PARAGE	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (f outside corporete fimits, w	rite KUKAL end give n	neerest town)
Takema Park	10 days			16-	2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	itel, give street eddress)	d. STREET ADDRESS			IS RESIDENCE ON A FARM?
1110ch: - alea San and 11	/ 2/	5890 200	Avenue	CE	YES NO
3. NAME OF First	Middle	Last	4. DATE Mo	onth Day	Yeer
DECEASED	-1 1	-/ /	OF		
(Type or print) (A+/	Edward	+lank	DEATH //	ne 23	19 66
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In year last birthde)		IF UNDER 24 HRS.
male lubite WHOWED	DIVORCED	3-2-98	68 yrs.		Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KII	ND OF BUSINESS OR INDUSTR		ty & State, or foreign count	ry) 12. CITIZEN O	F WHAT COUNTRY?
dona during most of working tife, even if retired)		- 1		1000	
Retired - Carpenter		14. MOTHER'S MAIDEN	n	Hmer	,
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
John Flank		(hristi)	OA Hoder	-50n	
	SOCIAL SECURITY NO. 17. I	NFORMANT	Adde	055	nd.
(Yes, no, or unkown) (If yes giva war or dates of service)	Ho.	1-/12001	marker son	11/10 To	4. 1 Pa 11
18. CAUSE OF DEATH [Enter only one ceuse per li	no (o/ (b) and (c))	ora - comsn	ing ton son	1 103p. 1H	FRVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		. /	1 4	ON	SET AND DEATH
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geve rise to immediate cause	0 0 1		0.0		- China
(a), steting the undarlying DUE TO	10 NT.	0	all to	1 - 1	18/1.
cause lest. (c)	Colorie	ecurous	, ouce	lang 7	jaco
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION	SIVEN IN PART 1(8)	PERFORMEO?
talerstetal	Lihrasia	Monde	octari.	1	res NO
PART II. OTHER SIGNIFICANT CONDITIONS CON 200. ACCIDENT WAS UNDERLYING 20b. DEST 00 CONTRIBUTING CAUSE OF DEATH 10 (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	O. (Enter nature of Injury in	Part I or Part II of item 18.)		
OR CONTRIBUTING CAUSE OF DEATH					
	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fern	, 20f. (City or town)	(County)	(Stete)
20c. TIME OF INJURY Month, Dey, Yaer 20d. II Hour e.m. While et work		ory, street, office bldg., etc		(County)	(3,6(6)
p.m. 19 et work		1/12	100		
21. I certify that (I) (this hospital) aftend	led the deceased from	6/13	1926 to 6/3	5 196 L, H	hat (1) (we) last
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saw the deceased alive on	and mar	deam occurred at	P. ON, HOIII THE COUSE.	did on the con-	22b. OATE
226. SIGNATURE	1,,-		MED. STAFF		SIGNED
Helinely	M.	D	DIRECTOR PHYS.		
22c. PHYStCAN'S NAME (Type)		22d. ADDRESS			
170					
238. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	town or county)	(Stete)
Burial 6-25-66	Cedar Hill Ce	metery	Suitland	Mary	land
24 FUNERAL ORRECTOR'S SIGNATURE			O BY REGISTRAR 25b.		
	Suitland Rd Su	itland	IUN 2 7 1966	Missele	Judge.
		OATE -	יייים		00
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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funeral and ser death			COUNTY WANT COUNTY	opii.	MARYL	l l	O. STATE	Where deceosed live	b. COUNTY	Residence befor	re odmission)
haurs affer n by the fu s. Pages 1 hours affer	99	Ł	CITY OR TOWN (If outside corporate write RURAL and give nearest town		LENGTH OF STAY IN		CITY OR TOWN (IF	Uside corporate limit	SPRIN	and give neare	st town)
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ed within oletely fill carban p ent, withi		1	IAME OF DECEASED Type or print)	First HARRIET	Middle E/1301	ho TI	Lost	4. DATE OF DEATH	Month	Do	
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an and co			USUAL OCCUPATION (Give kind of working most of working life, even if retired)		OF BUSINESS OR	- 1///		& Stote, or foreign co		12. CITIZEN O COUNTRY	
physician en pleas avar ard		13.	FATHER'S NAME			14	MOTHER'S MAIDEN	NAME)	4//////	U.S	
e death certit attending phy sermit. Then an, ar remava		15. (Ye:	WAS DECEASED EVER IN U.S. ARMED FO		IAL SECURITY NO.	17. INFO	RMANT	(dang)	RERAddress	1.1.	DR.
£			1B. CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED BY	1:	(b), and (c).)	IDAI	HEKINE	Kingigie	2 121	IN'	TERVAL BETWEEN NSET AND DEATH
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p o si p			rise to immediate couse (a), stating the underlying couse lost.	(b) 2 1 1 (c)	0,1030	<i>yere</i>					0/13,
The law ra attending has been ise os the th priar to		NOIL	PART II. OTHER SIGNIFICANT CONDITI		DEATH BUT NOT RELA	ATED TO THE 1	TERMINAL DISEASE CO	NDITION GIVEN IN P	ART I(o)		WAS AUTOPSY PERFORMED?
ICIAN: The pital ar at pital ar at rtificate ho de far use af Health	0	CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER		IBE HOW INJURY OC	CURRED. (Ente	er noture of injury in	Port I or Port II of i	tem 18.)		
S PHYSICIA the haspital this certific detached fa e Dept. af H		MEDICAL	20c. TIME OF INJURY Month, Doy, Y Hour o.m.		Not While		F INJURY (Home, for street, office bldg., etc		or town)	(County)	(Stote)
ENDING wed by th R: After the old be de the State			21. I certify that (1) (thi	s hospital) attended	the deceased t	from 19	eath occurred a	19, to2 t 3°27 A.M. from	G d was	, 19 <u>66,</u> t	hot (I) (we) lo
OR ATTENDIN be retained by DIRECTOR: Afte ge 3 shauld be led with the Sta			220. SIGNATURE	on lus	ma	M.D.	ATTENDING PHYS.	MED.		22b. DATE SIG	
Par Par Par Par Par Par Par Par Par Par	1		22c. PHYSICIAN'S NAME (Type) JOHN	m. wy.	man		22d. ADDRESS				
FO HOSPITA Page 4 may FO FUNERAL directar, pa shauld be f			DEMOVAL (Specify)		23c. NAME OF CEMEN				(City or Town)	(County	y) (Stote)
VR A15 (4) 20 M 1/66		24	FUNERAL DIRECTOR Verly Funeral Ho	and ll	ADDRESS Fairfax.		2So. REC	D BY REGISTRAR	2Sb. REGISTI	RAR'S SIGNATU	

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FOR STATE HEALTH DEPT.

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. The pages land 2 with the State Department af Health or its designated agent, prior ta burial, crematian, ar removal, and in any event within 72 haurs after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. 5 may be retained far your files.

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necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Madical Exercises. TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If

	MAKYLAN	D STATE DEPA	KIMENI OF HEAL	LIH	
Division of STATISTICAL	RESEARCH AND	RECORDS, 301 W	/. PRESTON STREET,	BALTIMORE, MA	RYLAND 21201
	MEDICAL EX	AMINER'S CE	RTIFICATE OF	DEATH	0.861

08614	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	08604
1. PLACE OF DEATH p. COUNTY montgomeru	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution on STATE b. ()	itution: Residence before odmission
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest rown)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write	RURAL ond give neorest town)
Lyma Fark		d. STRFET ADDRESS	47.3
d. NAME OF HOSPITAL OR INSTITUTION (If not in the	The street address)		e. IS RESIDENCE ON A FARM? YES NO IX
3. NAME OF First DECEASED (Type or print) Benuar	ning Brasina	_ F _ / - V	onth Doy Year 45 19 66
2 1 1 1 1 1 1 1	MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 62 yrs	Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY.	11. BURTHPLACE (Stote or foreign country) THIS S. C.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME OLIVER M. FORT	-5	14. MOTHER'S MAJDEN NAME SALLY MICKLE	
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of serv		ors Emery Jute	(reife)
18. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Corenary (nary Insufficie	interval Between onset and Death
stoting the underlying couse DUE TO	0	0	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		LACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	(County) (Stote)
21. I certify that I taak charge af death resulted from: Natural ca			and in my apinian
ACTUAL SIGNATURE DELLEN EXAMINER'S DOLONGE	1 Leaf	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY PERCAL EXAMINER	6/26/1966
NAME (Type) 230. BURIAL CREMATION, REMOVAL Specify) 23b. DATE THEREOF	23c. NAME OF COMPTERY O	Address (Street, City, Town, or county) R CREMATORY 23d. LOCATION (City or	Town) (County) (Stote)
249 FUNERAL DIRECTOR	ADDRESS CUAS	H.D.C 250. REC'D BY REGISTRAR 25b.	REGISTRARY SIGNATURE Judge

VR A15ME (5) 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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naurs after n by the fur s. Pages 1 hours after		/	CITY OR TOWN (If o write RURAL and gi	utside corporote limits ve nearest tawn)	, с.	LENGTH OF STAY IN 1b	Cherry	Chase-	e RURAL and give near	e. IS RESIDENCE
iin 24 hc filled in papers. thin 72 h	10	6	ARROLL IAME OF	HALL S	SANITAR		d. STREET ADORESS	3K=th Sh	Month D	ON A FARM? YES NO Vegr
executed within 24 haurs after completely filled in by the further carban papers. Pages I any event, within 72 hours after		1	Type or print)	ANN. COLOR OR RACE		NEVER MARRIED	Fo SS B. DATE OF BIRTH	9. AGE (In year	= /	O 19 66 R IF UNDER 24 HRS.
ate be executive and and in any e		100	USUAL OCCUPATION (Ging mast af warking life	ive kind af wark dane	WIDOWED X	OF BUSINESS OR	1	unty & State, ar fareign country)	12. CITIZEN COUNTR	OF WHAT
rtificate physician en pleas aval, and		1	FATHER'S NAME		Deserv		14. MOTHER'S MAID	EN NAME		SA
that the death certificate be execute an. by the attending physican and camp ransit permit. Then please remove crematian, or remaval, and in any eve		1S. (Ye	WAS DECEASED EVER II s, na, ar unknown) (If	N U.S. ARMED FORCES? yes give wor or dates o	16. SOC		INFORMANT		Address KETA St.	Chuy Chase
			18. CAUSE OF DEAT PART I. DEATH	'H (Enter anly ane cau WAS CAUSED BY: IMMEDIATE CAUSE	4R	(b), and (c).). TERIOSCLE	PROTIC HE	EART DISE		INTERVAL BETWEEN ONSET AND DEATH
quires that t physician. signed by the burial-transit			Canditions, if ony, w		(b) ESS	ENTIAL	HYPE	RTENSION	/	
nding been s the iar ta			stating the underly last. PART II. OTHER SIGN	ing couse	(1) GE	VERALIZ DEATH BUT NOT RELATED		RTERIOSCLE CONDITION GIVEN IN PART I		19. WAS AUTOPSY PERFORMED?
ar a ate h ate h r use ealth	0	CERTIFICATION	20o. ACCIDENT WAS U	NDERLYING	SEN	VILITY		in Part I or Part II of item 1		YES NO
PHYSICIA he haspital this certific etached fa		MEDICAL CER	OR CONTRIBUTING (IF EITHER, NOTIFY MI) 20c. TIME OF INJURY HOUR O.M.	EDICAL EXAMINER) Month, Day, Year	While _	Not While	PLACE OF INJURY (Home, factary, street, affice bldg.,	form, 20f. (City or taw etc.)	vn) (Caunty)	(Stote)
ENDING ned by th R: After t uld be de the State		V	21. I certify sow the dec	that (I) (this has	pitol) attended SUNE 10	the deceased from	June 1 that death occurred	, 1966 , to June at 3: P M, from cau	ses and on the c	, that (I) (w e) las date stoted above
y be retain y be retain L DIRECTO age 3 sha filed with	-		220. SIGNATURE	lem de	y for	oder	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE S	SIGNED
Page 4 may Pose 4 may TO FUNERAL I		236	22c. PHYSICIAN'S NAME (Type)	HENRY N	1 Low	CLETY 23c. NAME OF CEMETERY			or Town) (Con	unty) (State)
F. Silver	B		REMOVAL (Specify)	1 11	-66	Ft Lincol		ey Bladens	chines DA	mel

AND THE RESIDENCE OF THE PROPERTY OF THE PROPE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

i	08 51 6	N OF STATIS	STICAL RES	CERTIFICA	DS, 301 W. PRESTO		MORE 1, M	ARYLAND	
1.	PLACE OF DEATI	Н				CE (Where deceased lived, 1	institution: Re	esidence before	admission)
		gomery		MARYLAND	a. STATE Distric	t of Columbi			
	b. CITY OR TOW	N (if outside cor and give nearest	porate limits,	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (I	foutside corporate limits	write RURAL	and give near	est town)
	Bethe		t town)	ll Days	Washing	rton	4	17-3	
	d. NAME OF HO	SPITAL OR INSTIT	UTION (if not Ir	hospital, give street addres		0011		e. IS RE	SIDENCE FARM?
		al Center		da,Maryland		n Avenue, N.W		06 YES 🗆	NO
3.	NAME OF DECEASED		First	Middle	Last	4. DATE M	onth	Day Ye	ear
	(Type or print)		ynthia	Ann	Foster	DEATH Ju		15 19	
5.	SEX	6. COLOR OR RA	ACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye	mrs IF UNDER 1	Days Hours	
	F'	Negro	WIDOW	ED DIVORCED	2 June 1942	24 yrs		Days Hours	
10a dur	ing most of work	ing life, even if re	work done 10b etired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C	ounty & State, or foreign cou	CO	TIZEN OF WHA UNTRY?	T
12	Housewij			None	Washing	ton.D. C.	U	SA	
13.	. FATHER'S NAM	IE.			14. MOTHER'S MAI				
		1. Savoy			Mary L.	Newman			
(Ye	. WAS DECEASED	EVER IN U.S. ARME (If yes give war or d	ED FORCES? 1 ates of service)			Medical Reco			
	No			577-56-0301 II	ne Clinical (enter, Bethes	da, Mary	Land	
-	18. CAUSE OF	DEATH [Enter on	ly one cause pe	r line for (a), (b), and (c).]				INTERVAL B	DEATH
	PART I. DI	EATH WAS CAUSE IMMEDIATE CA	D BY:	uperkalemia	(Hyperka)	lemia)		15 mi	
	456	V	DUE TO	//		and probable	sensis		
	Conditions, If		m Ke	nal failure	and proba	ble sepsis	ocpore	6mcs/	hour
	gave rise to		DUE TO			•	C		
	cause (a), s underlying caus	rating the	(c) Su.	stemic Lupus	temic Lupus	Hosus	.5	3 yrs.	
NO	PARTII. OTHER	SIGNIFICANTON	DITIONS CONTR	IBUTING TO DEATH BUT NOT RI			IN PART 1(a)	19. WAS A	UTOPSY
CAT	Para Tark					0		YES V	RMED?
LIFI	20a, ACCIDENT	WAS UNDERLYIN	G 🗍 20b.	DESCRIBE HOW INJURY OF	CURRED. (Enter nature o	f Injury in Part I or Part	II of Item 18.		
CERTIFICATION	OR CONTRIBUT	ING CAUSE OF TIFY MEDICAL EX	DEATH (AMINER)						
CAL		INJURY Month, I	Day, Year 20d	. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, fotory, street, office bidg.,	arm, 20f. (City or town) (Cou	nty)	(State)
MEDICAL	Hour a.e		19 Wh	ork Not While	ctory, street, omcobing.,	510./			
-			hospital) atte	nded the deceased from_	4 June	9 66 to 15 Jun	e 196	6, that MX	(we) last
	saw the de	ceased alive on	15 June	e 19 66, and t		2:15M, from the caus			
	22a. SIGNATU					a.		ATE SIGNED	
	Us	hu S.	Johns	m M1) 1	M.D. PHYS.	MED. STAFF PHYS.	E 15 J	June 19	66
	22c. PHYSICIA NAME (T	AN'S	7)	22d. ADDRESS	The Clinical			
	MAGIE (I		S. Joh	nson, MD	Institute	s of Health,	Bethesda	a, Maryl	and
238		MATION, 23b. D.	ATE THEREOF	23c. NAME OF CEMETI	RY OR CREMATORY	23d. LOCATION (Cit	y, town or cou	nty) (S	State)
	Burial Sp	6d1	8/66.	Mt. Olivet	Cemetery	Washing	on. D	.C.	
	. FUNERAL DIRE	1	·Tt	ADDRESS	25a. RE	C'D BY REGISTRAR 25b.	REGISTRAR'S	SSIGNATURE	
S	tewart	Funeral	Home-	4001 Benning	Rd., Mark	V 17 1966 A	Charle	· Vadas	
		- 5-10141		TOOL DOMNIE	Tree Inches	10001	/- [1	-

MARYLAND STATE DEPARTMENT OF HEALTH

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Stendard Principle (Till Francisco (Till Francisco) Francisco (Till Francisco)

Items 18-21 Film G378 7 MARWEANDISTATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. IN PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Page Deportment of b. CITY OR TOWN (If outside corporale limits, Montgomery MARYLAND And deloy c. CITY OR TOWN (If outside corporate limits, write RURAL and due nearest town) c. LENGTH OF STAY IN 16 puo write RURAL and give negrest town) ofter 6 hKS - 20 min d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE hours ON A FARM? form Stote Item 18. Give Poges YES NO S Dita This certificate should be executed within 24 hours after death. olong with 3. NAME OF DATE DECEASED the within (Type or print) DEATH with AG IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours Doys WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Plumina and Heatis pencil Chief Medical Examin 5 Redexich anche Ei Ei pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Apple Grove Rd. (Yes, no, or unknown) (If yes give wor or dotes of service) remavol ues NO Vone INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Multiple traumata 0 to neck. chest. IMMEDIATE CAUSE (o). the certificate, writing the word burial, cremotion, DUE TO Conditions, if ony, which gove nervous system due to motorcycle rise to immediate couse (o), forworded to DUE TO stoting the underlying couse 0 00 last accident nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? CERTIFICATION NO pe 0 should be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) prior 3 should PRIMARY or CONTRIBUTING driving motorcycle, ran into rear of for traffic light. Deceased stopped 1 AL EXAMINER: CAUSE OF DEATH. its designated ogent, 20c. TIME OF INJURY Month, Doy, Year 8: 250ur Am. 6/12/66 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Street office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Poge 6/12/669 Hyattsville Md. Poge of work ot work please execute 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X. and in my opinion funerol director. deoth resulted from Noturol couses Axident Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be TO FUNERAL Health or i **EXAMINER'S** BELDE Address Sheet Lug Davn, or county) NAME (Type) the 23c. NAME OF TEMPTERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION. (Stote) Surval (Specify) Burtonsville Union June 1968 (em rtonsville

Georgia Avenue

REGISTRAR'S SIGNATURE

VR A15ME (5) 6M 1/66 24. FUNERAL DIRECTOR

2381 N. J. MUL

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Condition and the second of th

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Montgomery a. STATE by the financial Pages 1 ars after Montgomery Maruland MARYI AND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. rue hours Silver Spring Silver Spring = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? 8407 Dixon Avenue Holy Cross NO A YES within completely carbon NAME OF First Middle DATE Day Year Month DECEASED event, Adah (Type or print) Freitag 19 66 DEATH executed 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months I Days Hours any White and Female July 4 1894 WIDOWED & DIVORCED UNGTS 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY physician and in val. and in = 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe COUNTRY? Own Home Montgomery (0.0 certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending r Ida Watkins Bradley 9 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 8407 Dixon Huenne 50 death (Yes, no, or unkown) | (If yes give war or dates of service) Ella 9. None Briscoe None cremation. the been signed by the strength the burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. OEATH WAS CAUSED BY: or attending physician. HEMORR HAGIC IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. has as (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate YES X NO F be retained by the hospital this certury detached for 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be delied with the State Hour a.m. While Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from 19 1966 and that death occurred at 2050M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. OATE/SIGNED page : ATTENDING STAFF M.D. DIRECTOR FUNERAL 22c. PHYSICIAN'S ADORESS director, p NAME (Type) Wolfe Sheridan St., Chillum. 23b. DATE THEREOF BURIAL, CREMATION, 23с. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 0 Glen Haven Memorial Park Glen Burnie 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Milarles VR AIS (4)

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MARYLAND STATE DEPARTMENT OF HEALTH

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marginal c. Principles of the sales spring the sales will be a 1866 pro- and professional sales and the sales of the sales MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TINE		08513		CERTIFICATE	OF DEATH		1186119
death death	1.	PLACE OF DEATH				ere deceosed lived, if instituti	on: Residence befare odmission)
		o. COUNTY Monta	omery	MARYLAND	o. STATE Mary	land b. coun	Prince Georges
after the fur ages 1 s after		b. CITY OR TOWN (If autside to write RURAL and give negre		c. LENGTH OF STAY IN 1b	0 111 1	de carporote limits, write RUR	AL and give nearest town)
hours of the by the s. Page hours		Takoma Pa	ark		Suitland		16 2
in 24 hor filled in k popers. hin 72 ho	1	1/ 1	ITUTION (If nat in haspital, give	11 1	d. STREET ADDRESS	104	e. IS RESIDENCE ON A FARM?
Fille Fille	1		initarium + H		1 1 Davas	36,	YES NO X
couted within 24 completely filled fove corbon popely event, within 77	3.	NAME OF DECEASED	arrie	Middle	Fibnan	4. DATE Mont	, ,
plet cor cor ent,	5	(Type or print) SEX 6. COLOR	- 11 / /	Eugenia Never MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
execut hd com emove any ev		Famalo Whi		DIVORCED D	1-16-74	last birthday)	Manths Days Haurs Min.
ond in any	10	o. USUAL OCCUPATION (Give kind	of wark dane 10b. KIN	D OF BUSINESS OR	11. BIRTHPLACE (County &	/ / /	12. CITIZEN OF WHAT COUNTRY?
nd assemble	R	ring most of working life, even if the tinear Music	retired) cher IND	USTRY	Yark. Pe	ennsylvania	COUNTRY
d ple		FATHER'S NAME	a. k		14. MOTHER'S MAIDEN NA	and and	
certific g phys Then p moval,		HITVED	COOK	OCIAL SECURITY NO. 17.	INFORMANT Y	SIRICK	LER
equires that the deoth certificate be executed within 24 hours after physicion. Signed by the attending physician completely filled in by the fuburiol-tronsit permit. Then please remove corbon popers. Pages 1 buriol, cremotian, or removal, and in any event, within 72 hours after		es, na, ar unknawn) (If yes give	19 Daval/St.				
affer perr ian,	-	I 18 CAUSE OF DEATH (Enter	only one cause per line for (a). (b). and (c).)	122 000 1	- And -	INTERVAL BETWEEN
at the sit most		PART I. DEATH WAS CAU		ardize F	zilure		ONSET AND DEATH
res that trained by the contract of the contra		5400	DUE TO	+1- 1	1		111
quires physicic signed buriol-t buriol, c		Conditions, if any, which gav rise ta immediate cause (o	1 (0)	25/VIC E	temork:	spe	1 dey
		stating the underlying cous	se (Dut 10 P	ntii 1	leer		1/wk
law endii bee		DART II OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
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AN: al or cote cor Heol	CERTIFICATION	20a. ACCIDENT WAS UNDERLYIN		CRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Po	rt I or Port II of item 18.)	
Dia in po							
by the hos offer this ce be detache Stote Dept.	MFDICAL	2Dc. TIME OF INJURY Month, Hour a.m.	, 50,, 100,		CE OF INJURY (Home, farm, tary, street, affice bldg., etc.)	20f. (City ar town)	(County) (State)
NG y the er the ote	A	p.m.	19 While at wark	at work			
		21. I certify that (I) (this hospital) attend	ed the deceased fram	viova 21, 19.	576 to June	and an the date stated above
AL OR ATTEN y be retoined L DIRECTOR: A age 3 should filed with the		saw the deceased of	alive an vince	19 <u>00</u> , and inc	n dealn accorred urza	A.M., Iraili causes	22b. DATE SIGNED
		John	TW. Sil	hoon m		TED. STAFF PHYS.	June 2,1966
ro Hospital o Poge 4 moy be fo FUNERAL DII director, page should be filed		22c. PHYSICIAN'S Wa	loutt W.	Gibson	22d. ADDRESS 5t	Barnelos Ros	ed, Marlow Hats A
Foge 4 moy ro Funeral director, pog should be for the formal director, pog should be for the formal director of th	2	Bo. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or To	wn) (County) (Stote)
O HOSP Poge 4 O FUNEI director should		REMOVAL (Specify)	6-4-66	Fort Lincol	n Cemetery	Bladensbur	rg Maryland
VR A15 (4)	1	4. FUNERAL DIRECTOR	1 Home 4308	ADDRESS Suitland Rd S			GISTRAR'S SIGNATURE
20 M 1/66	34 1	Time runela.	1 110IIIE 4200	Dartiana na M	aryland DMPN	6 1966 80	carles Judge

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item, 18, Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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VR A15ME 3500 4-64 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CEPTIFICATE OF DEATH

	00000					D 11 1 1 1 0 / 1 1	- 01				1125		
1.	PLACE OF DEATH e. COUNTY	M ant geme	ry	MARYLA	ND	2. USUAL RESIDENCE a. STATE	CE (Wher		red, If Inst b. COUN	ry .	toom		
	b. CITY OR TOW	N (If outside corpora	te limits.	C. LENGTH OF STAY		c. CITY OR TOWN (If			Imits, wri				
		N (If outside corpora end give nearest tow	n)		32			Chase		10	,		
_		ethesda	AN /IS mak in I	5 days		d. STREET ADDRESS	evy	DI MESE		13	e. IS RESIDENCE		
	u. NAME OF HO.	SELIAL OR INSTITUTIO	M (II HOL III I	iospitai, give street aut	11622)						OI	A FARM?	
	Subu:	rban	2.13			3402 Turn	er L	RUG			YES NO X		
3.	NAME OF DECEASED	FI	rst	Middle	1	Last	4. D/	TE	Month		Day	Year	
	(Type or print)	Char	les	C.		Futterer		ATH	June		16	19 66	
5.	SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED	1 8	. DATE OF BIRTH	- 7	9. AGE (NDER 24 HRS.	
L.	M	let .	WIDOWED	OIVORCED		10/14/33		32	Irthdey) yrs.	Months 1	Days Ho	ours Min.	
108	. USUAL OCCUPAT	ION (Give kind of work	done 10h	VIND OF BIICINESS OF		11. BIRTHPLACE (S	State or 1			12. CIT	IZEN OF W	/HAT	
dui	ing most of work	ing life, even if retire at Es Atty.	d)	Atterne						COL	U.S.	Δ	
	FATHER'S NAM			VPPRIME	У	14 MOTHERIC MAIL	DEN MAN	E			U.U.		
		A. Futter					Spe.	TTpri					
15 (Y	. WAS DECEASED	EVER IN U.S. ARMED FO (If yes give war or dates o	f service)	. SOCIAL SECURITY NO.	17.	INFORMANT				s Chev	ry Ch	RSZ	
1	Yes	Navy 1955	-57		Da:	rothy Futte	erer	3402	2 Tur	ner L	ane		
	18. CAUSE OF	DEATH [Enter only on	e cause per	line for (a), (b), and (c).]						INTERVA	BETWEEN	
	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	in In	iuries. mul	tip:	le. severe					ONSET AND DEATH		
	2190	/	(a) C										
	Conditions, If	any which \		temabile Ac	ef di	ent					5 days		
	gave rise to	Immediate /		PRIMEDITE VO	<u> </u>	5110						440	
	cause (e), s		TO										
-	underlying caus		(c)	HELMANA SCIENTINIE NA	TDELA	TO TO THE TOTAL NAME.	OLDEADE	CONDITION	CIVEMINI	2ADT 1/2)	119. WA	S AUTOPSY	
CATION	PARTII. OTHER	SIGNIFICANT CONDITION		UTING TO DEATH BUT NO							YES [RFORMED?	
MEDICAL CERTIFICATION	20a. EXTERNA PRIMAR OF DEAT CAUSE OF DEAT	L CAUSE WAS CONTRIBUTING TH.		DESCRIBE HOW INJURY									
AL	20c. TIME OF	INJURY Month, Day,	Year 20d.	INJURY OCCURRED 20	e. PLA	CE OF INJURY (Home, f		of. (City or	town) -	(Cour	ity)	(State)	
MEDIC	4:50 a.		56 at wo	rk at work	-6	ry, street, office bldg., o	1	Jear. 1		ille h	ront.	Md	
	21. I certif	y that I took charg	e of the rea	mains described above	re, hel	d an Autopsy 🔀,	inspe	ction X	, Inqu	iry ,	and in	my opinion	
1	death result	ed from: Natura	causes	, Accident X,	Sui	cide , Homic	ide	, Undet	ermined	manner			
		- 0				CHIEF MEOICA	AL EXAMI	NER					
	ACTUAL SIGNATURE	Jehn	28.1	zoll		M.O. ASSISTANT ME	EDICAL E	XAMINER [] /	1.11		ATE SIGNED	
						DEPUTY MEDI	CAL EXAP	WINER X	- 6	116/	66		
	EXAMINER'S NAME (Type)					Address (Stree	et, city, t	town, or co	unty)				
23	a. BURIAL, CREM	MATION. 23b. DATE	THEREOF	23c. NAME OF CEN	METERY	OR CREMATORY		LOCATIO		wn or cou	nty)	(State)	
	BUR I AL	ecify)					M	ONTGO	MERV	00	IINTY		
24			-00	ADDRESS	TE.	AVEN CEM	ECID BY	REGISTRAR	25b. R	GISTRAR'S	SIGNATU	RE	
1			ONS	WASH.	D C	JU		2 1966		harle		42	
	OODELL	CHUDING	ONO	WHOHe	N . O	 DATE 			11		1		

BELVIOLE PROTECTION OF THE PRO HIRRE ythings, of and transfer and 4 4 4 UN 2 2 1988 1826 Page

MARYLAND STATE DEPARTMENT OF HEALTH

1		Division of STATISTICAL RESEARCH AND RECORDS, 30	I W. PRESION SIREET, BALTIMORE, MARTLAND 21201
)		0862% CERTIFICATI	E OF DEATH USG11
	C	PLACE OF DEATH D. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE ARYLAND b. COUNTY MONTGOMERY
		c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Fairland	c. CITY OR TOWN (IR outside corporate limits, write RURAL and give nearest town) Silver Sering 15-1
	d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
2		Fairland Nursing Home	601 NATLEY KD YES NO P
	[NAME OF First Middle DECEASED (Type or print) Louis =	GANNON 4. DATE Month Doy Year OF DEATH JUNE 6 19 66
	S. S		B. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
		EMALE WHITE WIDOWED DIVORCED	FEB 8, 1887 79 yrs.
		USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) Housewife At Home	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		ACOB SCHNEIDER	KALBACK
	15. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO.	INFORMANT Address
		101	narles Gannon Laurel, Md.
		TB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	atale interval between onset and death
H		Conditions, if ony, which gove	10.00
		rise to immediate couse (o),	· Maddell (unsuring)
		stoting the underlying couse lost. (c)	
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	. CERTIFICATION	20o. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I or Port II of item 1B.)
	MEDICAL		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
		21. I certify that (1) (this hoppital) attended the deceased from saw the deceased glive, and the	addeath accurred at \$45 M. fram causes and an the date stated abave.
		220. SIGNATURE	22b. DAJE SIGNED
1		Williaseau M	A.D. PHYS. MED. STAFF DIRECTOR PHYS. D
		22/ PHYSICIAN'S	22d. ADDRESS
		NAME (Type) A, F, THIBADEAU	SILYER SPRING. M.D.
	230.	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
	0.	Burial 6 9 1966 Cedar Hill	Suitland, Md.
	24:	FUNERAL PRECION ADDRESS	25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after dearth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

Masa

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7		08522		CERTIF	ICATE (OF DEATH		118	612
		COUNTY			2	. USUAL RESIDENCE (V	there deceosed lived, if institution b. COU		fore odmission)
the funeral ages I and s after deat		CITY OR TOWN (If outs	mery	MARY		Maryla	nd Pr	nee Gec	Pege
the ages s af	b.	CITY OR TOWN (IT outs write, RURAL and give	ide corporote limits, nearest town)	c. LENGTH OF STAY I	N 1b c.	. CITY OR TOWN (If ou	side corporote limits, write RU	RAL ond give neo	rest Yown)
in by ers. Po 2 haur		Takoma	Park	3 da		HyaHs	sille	16	L O IS DESIDENCE
pers 721	d.	1	-	hospitol, give street oddress)	111	STREET ADDRESS	a .		e. IS RESIDENCE ON A FARM?
filled n pape thin 7.7	3 N	AME OF	en Danita	rium ~ Hosp	ita!	925 Ro	4. DATE Mon	th [YES NO Year
campletely filled in by the fur noe carban papers. Pages 1 y event, within 72 haurs after	D	ECEASED ype or print)	0 1	(NMN)	G:	וֹמוֹמח	OF DEATH	_	19 1966
mple e ca	S. SI		OLOR OR KACE 7. I	MARRIED NEVER MARRIET		DATE OF BIRTH	9. AGE (In years	IF UNDER I YEA	R IF UNDER 24 HRS.
			- 1 · · · · ·	IDOWED M DIVORCET		7-29-93	lost birthdoy)	Months Doy	s Hours Min.
noginal programme in original programme in o	10o.	USUAL OCCUPATION (Give g most of working lite, ex	kind of work done	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County	Stote, or foreign country)	12. CITIZEN COUNTR	
ician leas an		louse wit		AT HOME		Thaly	A 445	- A	icam
shys en p ival,	[3.	FATHER'S NAME	•		14	4. MOTHER'S MAIDEN N			
The	15.	WAS DECEASED EVER IN U	S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFO		Addr	ess	, ,
mit.	(Yes,	no, or unknown) (If yes	give wor or dotes of serv	Unknown	a.	cordo	Enoforidears?	Sanitariv	of Gooth + mi
as been signed by the attending physician as the burial-transit permit. Then please priar to burial, crematian, ar remaval, an	T	18. CAUSE OF DEATH	Enter only one couse pe	er line for (o), (b), ond (c).)			0		INTERVAL BETWEEN
signed by the burial-transit burial, cremat		PART 1. DEATH WA	S CAUSED BY: IMMEDIATE CAUSE (o) _	Myor	and	wil &	foretron		ONSET AND DEATH
od b II-tro		4201	DUE TO				1		
signed burial-ti burial, c		Conditions, if ony, whic rise to immediate cou							
he he t		stoting the underlying lost.	couse (c)					133	
has been se as the h priar ta		_		IBUTING TO DEATH BUT NOT REL	ATED TO THE	TERMINAL DISEASE CON	DITION GIVEN IN PART 1(o)		19. WAS AUTOPSY
ficate has been far use as the Health priar ta	CERTIFICATION		* 1					1200	PERFORMED? YES NO
ficat far f He	STIFIC	20o. ACCIDENT WAS UNDI	ERLYING	20b. DESCRIBE HOW INJURY O	CCURRED. (Ent	er noture of injury in I	Port 1 or Port II of item 18.)		
certi hed ot. o		(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	A					
this letac Dep	MEDICAL	20c. TIME OF INJURY A Hour o.m.		20d. INJURY OCCURRED While Not While		OF INJURY (Home, form street, office bldg., etc.)		(County)	(Stote)
After this certificate be detached far u	-	p.m.	19	ot work ot work [] attended the deceased	fram A	Anala 1	966 to Vene	19 10 66	that (I) (we) last
CTOR: After this certification of the state		saw the deceas		17 direction the deceased	and that d	eath accurred at	1 M, from causes		
DIRECTOR: ge 3 shaulted with the		22o. SIGNATURE	F	200		ATTENDING (S)	MED. STAFF	22b. DATE S	IGNED /
DIR Je 3 Jed v		() V	So C	alder	M.D.	PHYS. LX 22d. ADDRESS	MED. DIRECTOR PHYS.	7 6	17/66
RAL pa		22c. PHYSICIAN'S NAME (Type)	BORIS	MABKIN	M.D.	1019	lung. Blu	-U, En	P.S.S.
for Eune And Directors. After this certificate had director, page 3 shauld be detached far use shauld be filed with the State Dept. of Health	230.	BURIAL, CREMATION,	23b. DAJE THEREON	23c. NAME OF CEM	ETERY OR CRE	MATORY ₂	23d. LOCATION (City or To	own) (Cou	nty) (Stote)
o Figure direction should be should	6	REMOVAL (Specify)	6/23/	1966 CEDAR	HILL	CEMETERY		- 1R. GE	olo, MP
VR A15 (4)	24.	FUNERAL DIRECTOR	10 -0 · n.	ADDRESS		Alim 2So. REC'D		EGISTRAR'S SIGNA	-
20 M 1/66	w	.W. UMASK	BERS LNG	, VILVER JP	2116,	DATE	V 2 1 1966 1	Charles	Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

CINCH STATE OF THE A THE RESERVE OF THE The stand of the standard of many land of the same the second state of the second second

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08623 the funeral ages 1 and 2 rs after death. within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Montgomery o. STATEMaryland COUNTY MARYLAND DMe.V b. CITY OR TOWN It outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give negrest town) papers. Pag thin 72 hours of Spencerville .⊆ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled YES NO X NAME OF Middle Lost 4. DATE Month Day campletely DECEASED event (Type or print) DEATH executed S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLÓR OR RACE **NEVER MARRIED** 8. DATE OF BIRTH last birthday) Months Hours DIVORCED dny WIDOWED and 10g. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) ar remayal, and in COUNTRY? physician of during most of working life, even if retired) INDUSTRY Maryland ATTENDING PHYSICIAN: The law requires that the death certificate Retired - farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Gibson Annie Pierce attending permit. The 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, ng, or unknown) (If yes give wor or dotes of service Mary P. Gibson - wife crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p burial, cremati ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO has been s se as the k th priar ta b stoting the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (State) TO FUNERAL DIRECTOR: After this Hour a.m. foctory, street, office bldg., etc.) Nat While ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram 5-28 , 1966, to 6-28 , 1960, that (I) (we) last saw the deceased alive an 6-28 1966, and that death accurred at 5.45 AM, fram causes and an the date stated above. directar, page 3 sho shauld be filed with 220. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. 22d. **ADDRESS** 22c. PHYSICIAN'S O HOSPITAL NAME (Type) Burton A. Johnson 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) R REMOVAL (Specify) 6/30/66 Union Cemetery Burtonsville REC'D BY REGISTRAR N 2 9 196 24. FUNERAL DIRECTOR VR A15 (4) Tyson Wheeler Funeral Home Rockville. Md. 20 M 1/66

The state of the state of the state of the state of the state of

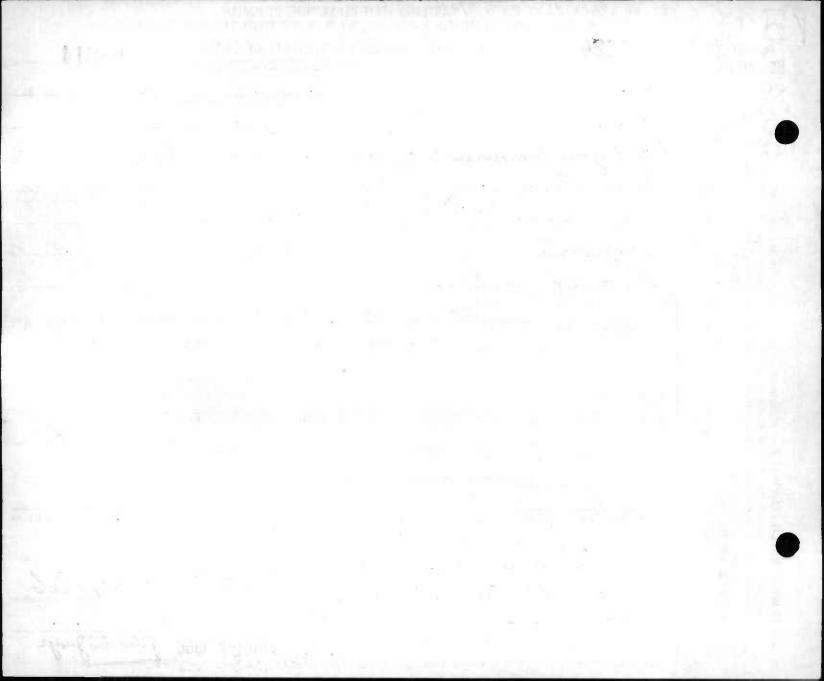
FOR STATE the funeral director. Page 4 shauld be farwarded to the Chief Medical Exeminer's Office along with farm PM3. Page 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. Fire pages 1 and 2 with the State Department af Health or its designated agent, priar to burial, crematian, or remaval, and in any event within 72 hours after death. any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, ond 3 ta TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

Items 18&21 Film G379 8/MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08624	MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	08614
1.	PLACE OF DEATH			here deceosed lived, if institutio	
	o. COUNTY	MARYLAND	o. STATE	b. COUNT	
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN TIT outs	side corporote limits, write RURA	L ond give neglest town
	write RURAL and give nearest town)	8	2	,	111 3
\vdash	d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital give street address	d. STREET ADDRESS	e R	l e. IS RESIDENCE
1	Vaching to 8 - 1	ein Int Hosnitel	9901 Ce	10. 1 Ano	ON A FARM?
3.	NAME OF First	Middle	Lost	4 DATE Month	Doy Year
	DECEASED (Type or print)	John GioFFE	6	OF DEATH	21 1966
5.			8. DATE OF BIRTH	9. AGE (In yeors	IF UNDER 1 YEAR IF UNDER 24 HRS.
1		WIDOWED DIVORCED	7-18-16	lost birthdoy) yrs.	Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Carpenter FATHER'S NAME		Italy	/	W. J.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN 17	AME /	
L	FORTUDE to Gio	TERE	Ma-Ria	- BRIDIK	ie
	WAS DECEASED EVER IN U.S. ARMED FORGES? es, no, or unknown) (If yes give war ac dates of ser		NFORMANT	Address	
L	, , , , , , , , , , , , , , , , , , , ,	217-16-3424	Hospita	1 Kecord	5
	18. CAUSE OF DEATH (Enter only one cause p	er line for (a), (b), ond (c).)			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) _	Cardiac arrest	secondary t	to right	ONSET AND DEATH
	5272 DUE TO				
	Conditions, if ony, which gove (b) rise to immediate couse (o),	pneumonectomy.			
	stoting the underlying couse DUE TO				
	last. (c)_				
NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE COND	DITION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED?
FICA	20o. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED.	/Enter nature of injury in D		YES NO
CERTIFICATION	PRIMARY ☐ or CONTRIBUTING ☐	200. DESCRIBE HOW INJURY OCCURRED.	(criter noture of injury in Po	ort I or Port II ot Item 16.)	
	CAUSE OF DEATH.	20d. INJURY OCCURRED 20e. PLAC	TO OF INITIDY (Home form	20f. (City or town)	(County) (Stote)
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	201. (City of fown)	(County) (Stote)
2	p.m. 19	of work — of work —			
	21. I certify that I taak charge of		ld an Autapsy 📈,	Inspection X, Inqui	ry and in my opinian
	death resulted from Natural co	auses Acciden , Suici	ide 🔲, 🛮 Hamicide [, Undetermined ma	nnér 🗌
	ACTUAL SOCIO	Kloss M	CHIEF MEDICAL E		22. DATE SIGNED
	SIGNATURE / SUCCESSION	0 80	M.D. ASSISTANT MEETIC		12,/1011
	NAME (Type) BELDEN /	Y NEAD MIL		chy, fowh, or county)	12/1166
23	BURIAL, CREMATION, 23b. DATE THEREO		CREMATORY	23d. LOCATION (City or Town	n) (County) (Stote)
	REMOVAL (Specify) 6-24-66	Mt Olivet Cer	metery	Washington	D. C.
2		4308 Suitland Rd Su	itland 250. RECTO	By REGISTRAR 2Sb. 2Sb. 2Sb. 2Sb. 2Sb. 2Sb. 2Sb. 2Sb.	STRAR'S SIGNATURE
44.7	THEIM PUNELAL HOME	Mo	ryland MI	Z (1300 /	- Lank Day

VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0000	3		CERTIFIC	AIF	OF DEATH			()	9019	
	ACE OF DEATH					2. USUAL RESIDENCE (W	/here deceo			befare odmissian)	
a.	COUNTY	150. NO	0.44	MARYLAN	In	a. STATE MARK	10 N	b. COUN		NTRAME	0.
b.	CITY OR TOWN (outside corporate limit	s, 0 c. L	ENGTH OF STAY IN 1		c. CITY OR TOWN (If qu	side carpare				Ry
	write RURAL and	give nearest town)	2	3 da 45		Bethes			,	- 1	U
		ALOR INSTITUTION (IF no	ot in hospital, give st	reet oddress		d. STREET ADDRESS		-	1-	e. IS RESIDEN	
V		7	1 0	HITORIU	M	6201 Brad	124	Blud		YES NO	
	AME OF		rst OFF	Middle		Last	4. DATE	Mont	h	Doy Year	
DE	Ype or print)	John	1	DAW	(reeH	OF DEATH	JUN	2	24 196	6
S. SE)		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	7 8	. DATE OF BIRTH		AGE (In years	IF UNDER 1		
1	M	W	WIDOWED	DIVORCED	515	TAN 9 18%	17	lost birthdoy) 9 yrs.	Months	Doys Hours	Min.
10o. U	ISUAL OCCUPATION	(Give kind of wark dane	10b. KIND OF	BUSINESS OR		11. BIRTHPLACE (County	& Stote, or fo	reign country)	12. CITI	ZEN OF WHAT	
auring 98	Those of Working	Iffe, even if retired)	INDUSTR	Bakeng			Virg	una		4.5h	2
13. F	ATHER'S NAME	of 1	000			14. MOTHER'S MALDEN N	IAME /	1-0			
M	rellia	M Jay Lo	4 VE	2841		Varah K	KUN	ets Na	4	10	1
15. V (Yes.)	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dotes	of service) 16. SOCIA	L SECURITY NO.	17. 18	FORMANT		Addre	1 Bea	dley Bl	ud.
1	10	. 100 9	1		04	VE J. DE	ELL	1 39	11/25	lat Ma	1
7		EATH (Enter only one call TH WAS CAUSED BY:	se per line for (o),	b), ond (c)	971			0 11		ONSET AND DEAT	
	PAKI I. DEA	IMMEDIATE CAUSE	(0) Cerel	erel is	602	ester a	ece	deedy		145	-
	4231	DUE	10		1	A.	1	0.	77/-13	,_/	
	Canditians, if ony rise to immediot	e couse (a)	(b) (do. 10	reg s	ere	rale		descer.	0	2 2	2
	toting the unde	rlying cause DUE	<u> </u>	00. ().	. 0	11 anton		. 0		20 4/2	2
	ast.	CHIEFCANT CONDITIONS	(c) See	000		HE TERMINAL DISEASE CON	IDITION CIV	EN IN DADT 1/a)	اودح	T 19. WAS AUTOPS	CV
NO.	PAKT II. UTHEK 31	GNIFICANT CONDITIONS	ONIKIBULING TO DE	AIH BUI NOI KELAIE	וו טוקט	HE TERMINAL DISCASE CON	IDITION GIV	EN IN PART I(0)		PERFORMED?	?
E A	20a. ACCIDENT WA	C LINDEDIVING [7]	John December	E HOW INITIDY OCCIL	PPED /	Enter noture of injury in F	Port Lor Po	rt II of item 18)		I IES [NO	
E 0	OR CONTRIBUTING	CAUSE OF DEATH	205. DESCRIB	L HOW INDOKT OCCO	KKLD. (Lines notore of injusy in t	011 1 01 10	it it of them 10.;			
		MEDICAL EXAMINER) URY Manth, Day, Yeor	20d. INJURY	OCCURRED 20	e PLAC	E OF INJURY (Home, form	. 20f.	(City ar town)	(Cau	nty) (Sto	ate)
MEDICAL	Haur o.i	n. 19	While	Not While	focto	ry, street, affice bldg., etc.)		0			
	21 L certi	by that (1) Ahis ho	ot work	the deceased fro	m	llean 6.1	965	to fleen :	24196	66 that (I) (we	e) las
		ereased aliveran_		19 66 and	d that	death accurred at	ZAI	M, fram causes	and an th	e date stated o	abave
	22a. SIGNATURE					ATTENDING	MED.	STAFF	22b. DA	TE SIGNED	
	14	1 y Jui	2		M.D	. PHYS.	DIRECTOR	PHYS.] 6	124/66	
	22c. PHYSICIAN'S NAME (Type		= Kno	- 1		22d. ADDRESS	11:	de	1.00	0 12 1	0
			Mreu			116,7	16	- NW	W.	rele 12 h	
230.	BURIAL, CREMATIC	1 / - 100	EREOF 23	C. NAME OF CEMETER	RY OR C	REMATORY	23d. L	OCATION (City or To	wn)	(Caunty) (Stot	e)
K	Wille	4/1/	100 /	10ch- (St	23	Requestery	DY DECICE	BAN SO DE	GISTRAR'S SI	CNATURE	-
24	FUNERAL DIRECTO	10 Derec	2,54 Caro	LAUDRESS SI	1. 9	1,00	BY REGIST	1966 25b. RE	Clian	as Cudar	7
All	your-	war c	Wester	whom I) . (DAREUU	H	INON /	, ,	10	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and early filled in by the funeral—director, page 3 shauld be detached for use as the burial-transit permit. Then please leanage carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08626	CERTIFICATE	OF DEATH		08616
1. PLACE OF DEATH O. COUNTY ONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Where deceosed o. STATE MANE YLAN)	b. COUNTY MOA	VT60MERY
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carparate		15-1
d. NAME OF HOSPITAL OR INSTITUTION (IF not in SYLVAN MANOR HEA	n haspital, give street address) LTH CARE CENTER	d. STREET ADDRESS 210 Q BELVET	DEKE BLVD	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print)	nce Middle G	REENSAN 4. DATE OF DEATH	JUNE TONE	Day Year 25 1966
male W	WIDOWED DIVORCED	9/19/95	AGE (In yeors IF UNDER 1 last birthday) Manths	Days Haurs Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Baltimore, m	gn country) 12. CIT COI	UNTRY?, S. A.
13 FATHIR'S NAME TAFUEL GREEK	_	14. MOTHER'S MAIDEN NAME FRIEDA	3	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war or dates af se	ervice)	AAROS GOLDICINO S	17/2 Spel	NE MD
18. CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line fac (a)/(b), and (c).)	epie		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove isset a immediate cause (a),	Branjelje)	Benegues	1 1	
stoting the underlying cause (c)	Blioblasi	tour multiple	me - Gra	m
PART II. OTHER SIGNIFICANT CONDITIONS CONTI				19. WAS AUTOPSY PERFORMED? YES NO
		(Enter noture of injury in Port I or Part II		
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	While Nat While fact	tory street, affice bldg., etc.)	1	unty) (Stote)
saw the deceased alive an		death accurred at 136 M	fram causes and an th	
22a. SIGMATURE 22c. PHYSICIAN'S	the orden M.	D. ATTENDING MED. DI PHYS. DIRECTOR DI 1 22d. ADDRESS	STAFF 22b, DA	Z6-66
NAME (Type) KO BERTY.	THIBADEAU	KOCKV124	· MD.	20852
230 BURIAL, CREMATION, 23b. DATE THEREO		mCEM. CAPI	MILHONIS	(County) (State)
24, FUNERAL DIRECTOR	ME 42179005-	2SO. REC'D BY REGISTRAR	4.0	Cen Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to buriol, cremation, or remay read in ony event, within 72 hours after death

INTO ADDITION AND A SERVICE OF THE PARTY OF 1

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH hours after death. funeral and 2 death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY ve carbon papers. Pages 1 event, within 72 hours after ON T90 my MARYLAND by the Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give mearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) day filled in 0 d. NAME OF HOSPITAL OR INSTITUTION (If not/in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO X YES completely executed within Middle 3. NAME OF DATE Day First Last Month Year DECEASED (Type or print) DEATH 1966 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH remove 7. MARRIED NEVER MARRIED 96 in any and WIDOWED DIVORCED [9 XXX 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? nome Housewife Own certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending remit. The or remov Caroline Blanchard Frank E. Klopher 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 12914 Georgia Avenue death (Yes, no, or unkown) (If yes give war or dates of service) cremation, None 578-01-0492 Paul Gregorio Silver Spring. Maryland No the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN burial-transit ONSET AND DEATH P PART I. DEATH WAS CAUSED BY: physician. IMMEDIATE CAUSE (a) signed | burial, DUE TO requires Conditions, If any, which peen gave rise to immediate attending the l DUE TO cause (a), stating prior 1 underlying cause last. (c) certificate has as CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use for use Health PERFORMED? The 0 YES X NO T hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of I Dept. FUNERAL DIRECTOR: After this irector, page 3 should be detach nould be filed with the State Depi MEDICAL the 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING retained by at work at work p.m. 21. I certify that (I) (this hearital) attended the deceased from 19.66 1966 that (I) (we) last 19.66 and that death occurred at 7.50M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED pe ATTENDING PHYS. Page 4 may DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Ira N. Tublin Pershing Dr., S. S., Md. 800 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 Burial 6. 1966 Gate of Heaven Cemetery June Silver Spring, Maryland 24. FUNERAL DIRECTOR ADDRESS 25b. REGISTRAR'S SIGNATUR REC'D BY REGISTRAR 25a. Georgia Avenue 8434 omas 1966 VR A15 (4) Silver Spring. phrev. Inc. 15M 4-64

The wife of the STALL BOOK IN THE STATE OF T

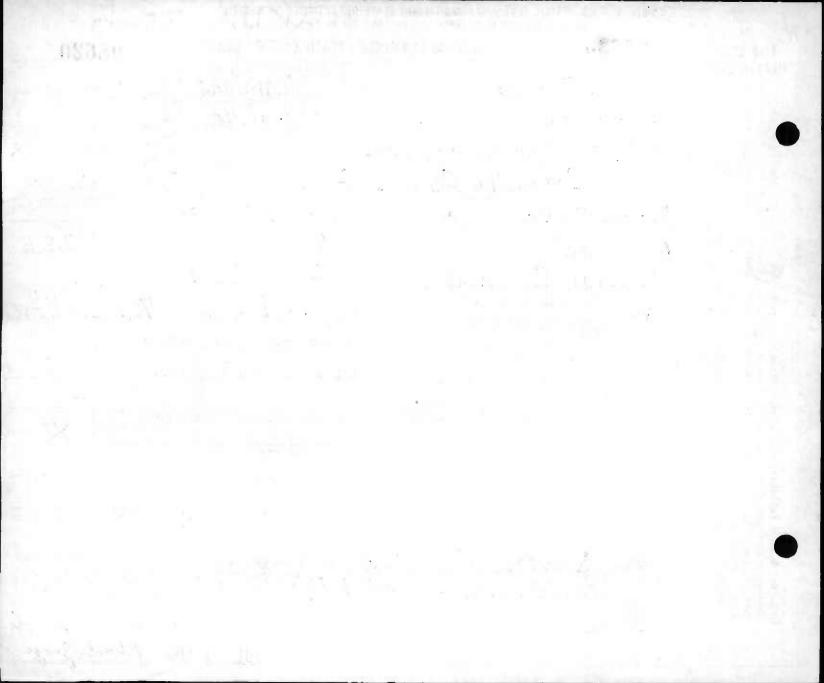
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08628 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY o. STATE o. COUNTY Montgomery Mont gomes 0 death. MARYLAND delay b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Pages 1, 72 hours farm 7504 Brook Wilk. Ra State [Hospital NO V 24 haurs after death. ong with 3. NAME OF Middle Year Lost DECEASED 0 June-Gries havei 1966 DEATH within (Type or print) YEAR S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 6. COLDR DR RACE NEVER MARRIED 00 last birthday) Manths WIDOWED DIVORCED event 10b. KIND OF BUSINESS DR BIRTHPLACE (Stote or foreign countr 12. CITIZEN DF WHAT 10o. USUAL OCCUPATION (Give kind of work done INDUSTRY Home COUNTRY? during most of working life even if retired) any Washington, D II.S the certificate, writing the word "pending" in pencil in 4 should be forwarded to the Chief Medical Examiner's poges 13. FATHER'S NAME This certificate should be executed within .= Eugene Albert Ridgway Isabella Jane Heiberger and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT (Yes_no, or unknown) ((If yes give wor or dotes of service) removal. No 213-46-8758John A. Griesbauer, CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH 0 IMMEDIATE CAUSE (o) cremotion, DUE TO Cardio Vascular Disease. Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 0 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION please execute the certificate, NO prior to pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY DCCURRED. (Enter noture of injury in Port 1 or Part 11 of item 18.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. While Not While moy be retoined for your FUNERAL DIRECTOR: Page of work ot work designated Inquiry X 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X, and in my apinion the funeral director. Natural causes X. Accident . Suicide [Hamicide Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED or its ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Ball. Address (Street, city, town, or county) Montg. John G. M.D. County. ealth NAME (Type) 23o. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 50 B REMOVAL (Specify) 6/6/66 Gate of Heaven Cem. Silver Spring M.
EGISTRAR 25b. REGISTRAR SIENATUR 2So. REC'D BY REGISTRAR Jos. Gawler's Sons, Washington, D.C. VR A15ME 1966 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

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140	24 nours arrer dearn	ond 2 death.	1	1. 1	LACE OF DE	ATH				2. USUAL RESIDENCE	(Where deceosed liv	ed, if institution:	Residence bef	fore odmission)
-70	5	funeral 1 ond er deat	12	7	COUNTY 7	gomeru.		MAR	RYLAND	O. STATE Ma	ryland	b. COUNTY	Drince	Georges
4	OI E	by the f Pages ours afte	1		CITY OR TO	DWN (If outside carporate I AL and give negrest town)	limits,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If	outside corporate lim	its, write RURAL	ond give neor	rest town)
-	S C C	by the Pa	3	5		har Park	,	D.O.A?		bososspex	MARKETER	W. Hya:	ttsvil	le 16-2
3	0	in ers. 2 h	13		. NAME OF	HOSPITAL OR INSTITUTION (If not in hospit	tol, give street oddress)		d. STREET ADDRESS	,,,,,,			e. IS RESIDENCE ON A FARM?
		ely filled in by the fun bon popers. Pages 1 within 72 hours after	993		Wa	Sh San	+ 74	OSDITAI		1407m	errim	acDr	7	YES NO
1	executed within	4 _ ±	16		NAME OF DECEASED		First .	Middle	Jeresa	Lost	4. DATE OF	Month	D	oy Year
-	≥	completely fove corbon y event, with	X		Type or prin		-	MXXXX BXXXXX	¥	grillis	DEATH	6	5	1966
- 4	core	ve	3	5.	EX	6. COLOR OR RACE	1			11 00	los		FUNDER 1 YEAR Aonths Doys	
	exe	remove in any ev	4	0	1	While	WIDOW		ED 🔲 S		893 72	yrs.		
	pe	8	7	10o. dyri	USUAL OCCU ng most of w	PATION (Give kind of work d orking life, even if retired)		b. KIND OF BUSINESS OR INDUSTRY			nty & Stote, or foreign		12. CITIZEN COUNTR)	Y?
-	a)	lcion lease ond i	13	14	FATHER'S N	ite	0	wn Home		Kansas Ci 14. MOTHER'S MAIDE	ty, Kansa	4	MXX (1. S. A.
(M											
1	9	The	1	15		aniel O Keef		16. SOCIAL SECURITY NO.	1 17 (N	Bertha Ne	инап	Addross	150	
4	adri	nit.	3	(Ye		lown) (If yes give wor or do	tes of service)		= 1 9 5 1		140	7 Merry	mac Dri	ive
7	The degrin	signed by the ottending phy burial-tronsit permit. Then buriol, crematian, or removal	3	H	JD CAUSE	OF DEATH (Enter only one		577-03-9471	Jan	ies v. yru	egus W.	dyattsv		NTERVAL BETWEEN
4		the sit p	3		PART	I. DEATH WAS CAUSED BY:	1.1	Allahill A	MAINA	my Tolm	Medris	0	1 5	ONSET AND DEATH
1	on.	by the tronsit crema	3		42	IMMEDIATE CA	DUE TO	tursiele	1	7	Mill Day	1111		1.10m
-	lres ysici	signed burial-tr burial, c	2			if ony, which gove	(b)	accus	ingu	ma ma	u vaca	illia.		
	b d		m			nediote couse (o), (underlying couse (DUE TO		7	- 2 /	100			
	ding	the or to	2		last.	bilderifing coose	(c) a	Musica	racc	receive	- Mula	M.	100	
	ottendir	icate hos been for use as the Health prior to	4	z	PART II. OT	HER SIGNIFICANT CONDITIO			ELATED TO TH	TE TERMINAL DISEASE	CONDITION GIVEN IN	PART 1(o)	1	9. WAS AUTOPSY PERFORMED?
	5	use alth	2	CERTIFICATION			~	IA.						YES NO
1	e hospitol		B	RTE(NT WAS UNDERLYING BUTING CAUSE OF DEATH	205	DESCRIBE HOW INJURY	OCCURRED. (E	inter noture of injury	in Port I or Port II o	item 1B.)		
1	hospitol	his certif etached Dept. of	7		(IF EITHER, N	NOTIFY MEDICAL EXAMINER)		PIA						
2	e h	this cert detached e Dept. o	7	MEDICAL	20c. TIME O	OF INJURY Month, Doy, Ye	· · · · ·	Od. INJURY OCCURRED While Not While		OF INJURY (Home, for		y or town)	(County)	(Stote)
0	‡ د ح ≥	After to be de State	10	E			19 of	work of work					10	
-	2 0				21. 1	certify that (I) (this	haspital) at	tended the deceased	d fram	death accurred	, 19, ta	6-3-6 C	2, 19,	that (I) (we) la
	ain	TOR the	3		22a. SIGN		N_U-3-1	19	una mai	deall accorred	di was in, pr	Mil conses all	22b. DATE SI	
	be retained by the	3 shouth	3		(1/1/	WWW.	Pu W	- Valuida	A M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	6-5	
	y be	ege file	3		22c. PHYS	ICIAN'S ,				22d. ADDRESS	A/	01		
1	Page 4 moy	P. P	3		NAM	(Type) JAMES. W.	10377	. M. DUPR	1062	104 20	Da. ave	. Asm	ed.	
3	e 4	UNI ecto buld	0	230	BURIAL, CR	EMATION, 23b. DAT	E THEREOF	23c. NAME OF CEA	METERY OR C	REMATORY	23d. LOCATIO	ON (City or Town)) (Cour	nty) (Stote)
-	Pag	director, page 3 should should be filed with the	0	B	REMOVAL	Specity) June	8, 196		Heaven	Cemetery	Silver	Spring	Mary	land
		_	of	24	FUNERAL D		1	8434 George Silver Spr	ia Ana	enue 250. RI	C'D BY REGISTRAR		TRAR'S SIGNAT	
	1	VR A15 (4) 20 M 1/66	. / als	10	arner			Silver Spr	ing. 1	laryland!	N 1 0 196	a roly	arles &	udge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY o. COUNTY Maryland Montgomery MARYLAND c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside carparate limits, write RURAL and give pearest town).
Bethesda (Rural) Bethesda (rural) 30 minutes e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) 3 Pooks Hill Rd., Apt. 313 U. S. Naval Hospital YES NO I 4. DATE 3. NAME OF DECEASED 66 HAINES June Preston Bennett DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Manths Aug. 22, 1886 Male Cauc WIDOWED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) Navy -USA Peekskill. N. Y. - Retired 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Isabelle Bennett Lemuel Haines AddressBethesda. Md. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no or unknawn) (If yes give war ar dates of service) Mrs. Marion B. Haines, 3 Pooks Hill Rd. 578-48-5349A INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 10 minutes PART I. DEATH WAS CAUSED BY: Coronary Insufficiency IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease with old DUF TO mvocardial infarction Canditions, if any, which gave rise ta immediate cause (a), approx. 20-**DUF TO** stating the underlying couse Generalized Arteriosclerosis 25 years 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED foctory, street, affice bldg., etc.) Nat While at work of work 21. I certify that (I) (this hospital) attended the deceased from June 1 , 19 66, to June 1 , 19 69hot (1) (we) last saw the deceased alive an June 1 1966, and that death occurred at 305PM, from causes and an the date stated obove. 22b. DATE SIGNED 220 SIGNATURE MED.
DIRECTOR STAFF PHYS. **ATTENDING** 2 June 1966 M.D. PHYS. S. Naval Hospital, Bethesda, Md. 22c. PHYSICIAN'S

n by the funerol rs. Pages 1 and 2 hours after deoth. be executed within 24 hours after deoth. the funeral event, within 72 filled corban completely crematian, or removal, ottending p O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death signed by the buriol-tronsit p burial, the haspital or ottending TO FUNERAL DIRECTOR: After this certificate has been for use os the Health director, should b

CERTIFICATION

NAME (Type)

23a. BURIAL, CREMATION, REMOVAL (Specify)

VR A15 (4) 20 M 1/66

6-6-66 24. FUNERAL DIRECTOR R. A. Pumphrey FunerappreHome 7557 Wisconsin Ave., Bethesda, Md.

23b. DATE THEREOF

Howard Rubenstein, M.D.

Arlington National

23c. NAME OF CEMETERY OR CREMATORY

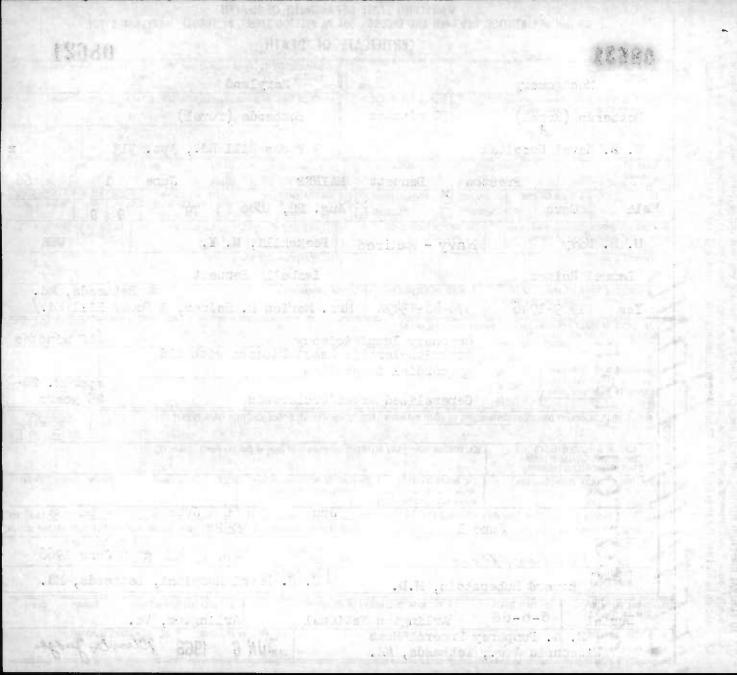
Arlington, Va. 2Sq. REC'D BY REGISTRAR 1966

23d. LOCATION (City or Town)

25b. REGISTRAR'S SIGNATURE

(County)

(State)



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		08633	CERTIFICATE	OF DEATH		118622
		o. COUNTY Ontgo	miry MARYLIAND	o. STATE	nere deceosed lived, if institution b. COUNTY	
	_	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	c. L'ENGTH OF STAY IN 16 DOA	c. CITY OR TOWN Of outs	ide corporate limits, write RURAI	L and give nearest town)
29		d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	ospitol, give street oddress) Hospital	d. STREET ADDRESS	Gladwen.	e. IS RESIDENCE ON A FARM? YES NO.
		NAME OF DECEASED (Type or print)	Middle	Jarp	4. DATE Month OF DEATH JUNE	Doy Year 28 1966
	S.	7	ARRIED NEVER MARRIED E	3/20 /19 1		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	dyri		10b. KIND OF BUSINESS OR INDUSTRY Southern R. R.	11. BIRTHPLACE (County &	teky.	12. CITIZEN OF WHAT COUNTRY? (SA
		FATHER'S NAME Lienry	Harp	14. MOTHER'S MAIDEN NA	5 mi La	ffey
ove	1S. (Ye	was DECEASED EVER IN U.S. ARMED FORCES? es, no or unknown) (If yes give wor at a date of Fervi	16. SOCIAL SECURITY NO. 17. II	NFORMANT Co-Ruthers	Smith (math	(v)
appr		IB CAUSE OF DEATH (Enter only one code per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
will a		Conditions, if ony, which gove is to immediate couse (a), stating the underlying couse	Courser of	longue		1 year
SZ W	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
fied	MEDICAL CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Po	ort I or Port II of item 1B.)	YES NO V
noti	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19		E OF INJURY (Home, form, pry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
		21. I certify that (I) (this hospital) saw the deceased alive an	attended the deceased fram_ une 2 % 19 66, and that	t death accurred at 1	Me, to June 2-8	, 19 <i>66</i> , that (I) (we) -last nd an the date stated above
Coroner		220. SIGNATURE Joseph P.	Kennich M.C). PHYS.	AED. STAFF PHYS.	22b. DATE SIGNED 6 2 8 6 6
9		22c. PHYSICIAN'S NAME (Type) BS JOS	EDH KENRIC	22d. ADDRESS 15 6450 G	I wionsin Gue	Bethoda, met.
		o. BURIAL, CREMATION, REMOVAL (Specify) Burial 7-1-66	23c. NAME OF CEMETERY OF C Arlington N	atl Cem.	23d. LOCATION (City or Town Arlington	, Virginia
		4. FUNERAL DIRECTOR ROBERT A. PUMPHREY,	Bethesda, Mary	land Son REC'D	BY REGISTRAR 25b. REGI	STRAR'S SIGNATURE Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or remayal, and many event, within 72 haurs after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

To the state of th

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0863	3		CERTIFICATE	OF DEATH				1186	523	
PLACE OF DEATH O. COUNTY	YONT GO		MARYLAND	2. USUAL RESIDENCE (V	nation D.	C. b. COUN	TY	57		n) /
b. CITY OR TOWN write RURAL an	(If outside corporate limits id give nearest tawn))	RK 41	OTH OF STAY IN 16	c. CITY OR TOWN (If au	tsi G e carparate limi	ts, write RUR	AL and give	neares	t tawn)	
4	TAL OR INSTITUTION (If no		et address)	d. STREET ADDRESS	Street	N.W			ON A FA	ENCE RM? NO
3. NAME OF DECEASED (Type or print)	Earl	-	Middle Froshone Ho	lost lyring-ton	4. DATE OF DEATH	Manth		Day	Yea 19 (
s. sex Male	6. COLOR OR RACE			DATE OF BIRTH	last	(In years birthdoy) yrs.	IF UNDER	Doys	IF UNDER Haurs	24 HRS. Min.
		10b. KIND OF B	nent worker	11. BIRTHPLACE (County			CO	IZEN OF UNTRY?	WHAT	
13. FATHER'S NAME	Harrington			14. MOTHER'S MAIDEN I						
IS. WAS DECEASED EV (Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dates of	f service) 579-	ECURITY NO. 17. 11	NFORMANT O	N Harr	Addres	N-U	U,'s	٩	
	DEATH (Enter only one country one Country WAS CAUSED BY: IMMEDIATE CAUSE	se per Be far (a), (b),	and (c).)	editis - p	leg, far	lin	۷,	IND	RVAL BETA	
Conditions, if on	DUE y, which gove		rary De				26666	125	19	63
rise to immedia stoting the under last.		10 ace les	non fleft	Populant N	Letery.			6/	1/66	4
PART II. OTHER S	IGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH		HE TERMINAL DISEASE COM	DITION GIVEN IN F	PART 1(a)			WAS AUTO PERFORME	PSY D? NO P
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DESCRIBE H	HOW INJURY OCCURRED.	Enter nature of injury in	Port I or Port A of	item 18.)				
20c. TIME OF INJ	JURY Month, Day, Year	20d. INJURY O		E OF INJURY (Hame, furn ry, street, office bldg., etc.)		or town)	- (Cou	unty)	2)	Stote)
21. I cert	ify that (I) (this has deceased alive an_		e decegsed fram	death accurred at	938, ta_ M, fra	m causes			iat (1) (v e stated	
22a. SIGNATURE	ward T	Mois	e M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b D	ATÉ SIGN	66	
22c. PHYSICIAN NAME (Type	wward T	Morse		7 3d Carro	OILAVA	- 161	horne	Pa	· last	nd
23a. BURIAL, CREMATI			NAME OF CEMETERY OR C	REMATORY I CREMATOR	23d. LOCATION	д D	a	(Caunty		ote)
24. FUNERAL DIRECTO		0	ADDRESS ON 1	2So. REC'E	BY REGISTRAR	25b. REC	STSTRAR'S S			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and may event, within 72 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	08634			CERTI	FICATE	OF DEATH		- (18624
	ACE OF DEATH COUNTY TON TOOM	FRY		MAI	RYLAND	O. STATE	D OYI	OUNTY ONTGOM	TERY
0		tside corparate limits, e nearest tawn)		c. LENGTH OF STAY	IN 1b	C. CITY OR TOWN (If an	utside carparate limits, write F	URAL and give n	earest 16wn)
		R INSTITUTION (If nat in	n haspital, gi	ve street address)		d. STREET ADDRESS	STONESTREE	T Ave	e. IS RESIDENCE ON A FARM? YES NO
DEC	ME OF CEASED 'pe ar print)	Pita	Ē	Middle	HAR	Last RING TON		anth	Day Year 4 19 66
S. SEX	6.	COLOR OR RACE 7	MARRIED WIDOWED	NEVER MARRI		2/4/96	9. AGE (In years last birthday)	Manths D	EAR IF UNDER 24 HRS. Days Haurs Min.
10a. US during	SUAL OCCUPATION (Given mast of warking life, of CERK	ve kind af wark dane	INC	ID OF BUSINESS OR DUSTRY COMED & L	THRUX	MARY	(& State, ar fareign country)	COUN	EN OF WHAT ITRY? .SA.
	ATHER'S NAME BERNA	er Hour	IE MA	4/		14. MOTHER'S MANDEN	NAME		
15. W			111.0	ocial security no. nknown	17. 1	NFORMANT ItA MAGE	/ Ad	Idress	SAME
Cc ri: st la	PART I. DEATH W ## 8 3 0 anditians, if any, wh ise ta immediate ca tating the underlyin ast.	IMMEDIATE CAUSE (a) DUE TO ich gave use (a), g cause (c)			Lea	erdiae	Cernest		6 year
ICATION							NDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES NO
₩ O	00a. ACCIDENT WAS UN OR CONTRIBUTING □ C IF EITHER, NOTIFY MED	AUSE OF DEATH	205. DES	CRIBE HOW INJURY			Part I ar Part II af item 18.)		
MEDICA	20c. TIME OF INJURY Haur a.m. p.m.	Manth, Day, Year	20d. IN While at wark	JURY OCCURRED Nat While at wark		E OF INJURY (Hame, farr ary, street, affice bldg., etc		(Count	ty) (State)
	21. I certify	that (1) (this hespi ased alive an	tall attend	Id the decease 1966 1966 1966 1966	and that	Death accurred a	MED. TO STAFF DIRECTOR STAFF	and an the	24/6G
23a. Bu	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THERE June 27		23c. NAME OF CE	METERY OR	CREMATORY emetery	23d. LOCATION (City or Rockville	r	County) (State) Maryland
	FUNERAL DIRECTOR Obert A.	Pumphrey	В	ethesda,	Mary		D BY REGISTRAR 25b.	REGISTRAR'S SIG	NATURE Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

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VR A15 (4) 20 M 1/66

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the standard of the light in the court of th

FOR STATE d within 24 haurs after death. If any delay is in pencil in Item 18. Give Pages 1, 2, and 3 ta

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page ages 1 and 2 with the State Deportment af in any event within 72 haurs after death. 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Health or its designated agent, priar ta burial, crematian, ar remaval, and

This certificate should be executed within 24 haurs after death. If

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EVAMINED'S CEDTIFICATE OF DEATH 110000

UBD	33	MEDICAL E.	AAMINEK 3	CERTIFICATE C	OF DEAT	1	11004	()		
1. PLACE OF DEA	TH				(Where deceosed	d lived, if institution: Re	sidence before	e odmission)		
o. COUNTY	ONTGOMERY		MARYLAND	O. STATE DISTRI	CT OF	COLUMBIA				
b. CITY DR TDV	VN (If outside corporate limit L and give neorest town)	s, c. LENGTH	DF STAY IN 1b			limits, write RURAL onc	give neorest	town)		
	VILLE	Do	A	WASHING	TON		47	- 3		
d. NAME OF HO	SPITAL OR INSTITUTION (If n	ot in hospitol, give street o	ddress)	d. STREET ADDRESS			е	e. IS RESIDENCE ON A FARM?		
CHILL	IAM PLACE			904 NEW	YORK AT	VE.	Y	YES NO X		
3. NAME OF DECEASED		rst	Middle	Lost	4. DATE	Month	Doy	Year		
(Type or print)	JIMMIE			ART	DEATH	JUNE	24	1966		
S. SEX	6. COLOR DR RACE			8. DATE DF BIRTH		AGE (In yeors IF UN Mont	DER 1 YEAR hs Doys	IF UNDER 24 HRS Hours Min.		
MALE	NEGRO	WIDOWED	DIVORCED	SEPT. 15,1			O CITIZEN OF	1411117		
during most of wor	NION (Give kind of work done king life, even if retired) ORER	1Db. KIND OF BUSI INDUSTRY	VESS OR	11. BIRTHPLACE (Stote	Caro	lina	2. CITIZEN OF COUNTRY?			
13. FATHER'S NAM	NE VIII =	Hart		14. MDTHER'S MAIDEN	NAME	Jones				
IS. WAS DECEASED (Yes, no, or unknown	EVER IN U.S. ARMED FORCES? wn) (If yes give war or dates	of service) 16. SOCIAL SECU	RITY NO. 17, I	NFORMANT	0/160	O CARDELIASS /	loce 1	V.E		
18 CAUSE O	F DEATH (Enter only one do	use per line for (a) (b) one	1(0)	name of	7	5 0000	INTE	RVAL BETWEEN		
	DEATH WAS CAUSED BY:	F 11.		morphos.	of Liv	er Acute		ET AND DEATH		
581	IMMEDIATE CAUSE						3-			
Conditions, if	ony, which gove)	(b) Pariding	. Chror	ic. Alco	10/1	917:	140	213		
	diote couse (o), DUE	\ /								
lost.	macrying cost	(c)								
PART II. OTHE	R SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BU	IT NOT RELATED TO T	THE TERMINAL DISEASE CO	INDITION GIVEN	IN PART 1(o)		WAS AUTOPSY PERFORMED?		
CAUSE OF DEA	r CDNTRIBUTING	2Db. DESCRIBE HOW	INJURY OCCURRED. ((Enter noture of injury in	Port I or Port I	II of item 18.)				
2Dc. TIME DF Hour	INJURY Month, Doy, Yeor r o.m. p.m. 19	20d. INJURY DCCUI	hile focto	CE OF INJURY (Home, for ory, street, office bldg., etc		(City or town)	(County)	(Stote)		
21. l ce	rtify that I took charg	e of the remains des	cribed above, he	ld an Autapsy 🔀,	Inspection	n 🔀, Inquiry 🕽	, ond	in my opinia		
		al causes 🔀, Accid		ide 🔲, Homicide		determined manner	~			
ACTUAL	0 0			CHIEF MEDICA	L EXAMINER					
SIGNATURE_	John	5.13oll		M.D. ASSISTANT ME	DICAL EXAMINER	- 1/05	./ 2	2. DATE SIGNED		
EXAMINER'S NAME (Type)	0				AL EXAMINER et, city, town, of		166			
230. BURIAL, CRÉM REMOVAL (SP. Buria	AATION, 23b. DATE TH		ME OF CEMETERY OR C			ATION (City or Town) ington Va	(County)	(Stote)		
24 FLINERAL DIRI	ECTOR -	AD	DRESS	2So. REC	D BY REGISTRA	R 25h RECISIDA	R'S SIGNATUR	h .		
401	Toulon	909 (oth St, N. V	N. D.C.	UL 5	1996 /	ances	udge		

VR A15ME (5) 6M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEDTIFICATE OF DEATH

	0010			CERTIF	ICALL	. OF DE	AIR			1101	040	
1.	PLACE DE DEAT	H				2. USUAL RES	SIDENCE (Who	ere deceased lived, If	institution: I	Residence	before ad	mission)
	a. COUNTY					a. STATE		b. CC	UNTY			
		Montgomery	1.0	MAR	YLAND		Maryl				mery	
	b. CITY OR TOW write RURAL	N (if outside corporat and give nearest town	e limits, n)	c. LENGTH OF STA	AY IN 1b	c. CITY OR TD	WN (If outside	e corporate limits,	write RURAI	and giv	ve neares	t town)
	Bethes			26 Days			r Sprin	ng		15	/	
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not in h	ospital, give street	address)	d. STREET ADD	DRESS			6	ON A F	
-		al Center,	Bethes	da, Maryl	and	313 T	imberwo	od Avenue		\	res 🗌	NO X
3.	NAME OF DECEASED	Fir	1000	Middle	(Stim		0	F	nth	Day	Yea	
*	(Type or print)	Mildr		Elizabe		Hart		EATH June		10	19	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 8	. DATE OF BIR	TH	9. ACE (In year last birthda			ARTER AND ADDRESS OF THE PARTY	
1	Temale	White	WIDOWED	DIVORC	ED 🔲	Decemb	er 1914		Montala	Days	Hours	Min.
1Da	. USUAL OCCUPAT	TION (Cive kind of work of life, even if retired	ione 10b. K	IND OF BUSINESS ONDUSTRY,	OR	11. BIRTHPLA	CE (County &	State, or foreign cour	itry) 12. C	ITIZEN	OF WHAT	
	Housewi	_	Ou	n _home		Wash	ington.	D.C.		USA		
13	. FATHER'S NAM					14. MOTHER'S						7.00
		Robert S	Stimmel			В	essie M	Mills				
15 (Y	. WAS DECEASED	EVER IN U.S. ARMED FOI (If yes give war or dates of	RCES? 16.	SOCIAL SECURITY N	10. 17.	INFORMANT T	he Medi	cal Recor	Ga.			
(.,	No		N.	XXXXXXXXX	TH TI	he Clini	cal Cer	nter. Beth	esda.	Mary	vland	
-	18. CAUSE DE	DEATH [Enter only one									RVAL BET	Table 1
						3	7 1 - 2			ONS	ET AND D	
	F111	EATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Peri	tonitis,	secon	ary to	reaking	quodenal	Stua	2 20	Day	S
	5410	DUE '	TO									
	Conditions, If		(h) Rhey	matoid ar	thrit	is with	steroid	therapy				
	gave rise to	Immediate (
	cause (a), s	tating the	10									
z	underlying caus		(c)						IN DART 1/1	110	WAC ALL	TORCY
CERTIFICATION	PARTII.OTHER	SICNIFICANTCONDITIO	INSCONTRIB	JIING TO DEATH BUT	NOTRELA	TED TO THE TERM	IINAL DISEASI	E CONDITION GIVEN	IN PART 1(a)		WAS AU PERFORI	MED?
Ĕ	2Da ACCIDENT	WAS UNDERLYING	I 2Dh	DESCRIBE HOW INJ	LIBY OCCIT	ORFD (Enter na	ture of Inlury	In Part I or Part I	l of Item 18	1	LA	
CERT	DR CONTRIBUT	ING CAUSE OF DEAT	TH H	DECORIDE HOW IN	OKT GOOG	mes. (Enter no	taro or injury			,		
	2Dc. TIME OF	INJURY Month, Day,	Year 1 2Dd.	NJURY OCCURRED	20e. PLAC	E OF INJURY (H	ome, farm, 1 2	Of. (City or town)	(Co	unty)	(S	tate)
MEDICAL	Hour a.	, .,	While		factor	y, street, office b	oldg., etc.)	(01.)				
ME	р.	m. 19	at wor									
	21. I certif	fy that XIX (this hosp	ital) attend	ed the deceased	from_1	5 May	_, 1966	, to 10 June	, 19	66 th	nat XI) (w	e) last
		ceased alive Dn10	June	19_66_,	and that	death occurre		I, from the caus				above.
	22a. SIGNATU	RE					PN	-	22b.	DATE SI	CNED	
	Kin	Mr. Ora	na		M.D.	ATTENDING PHYS.	MED. DIRECT	OR PHYS. 1	X 11	Jun	e 196	6
	22c. PHYSICIA		10-		111.0	22d. ADDR	ess The (linical (enter	Na.	tiona	1
	NAME (T	ype) Kirl	by Orme	MD.				Health.				
23	BURIAL, CREM		HEREOF	1 23c. NAME OF	CEMETERY			LOCATION (City				ate)
236	REMOVAL (Sp			0 + 1.				n·			44.1	,
2.4	Burial	June 1	3,1966		ncoin	Cemeter			REGISTRAR	1 CICH	Md	
-	. FUNERAL DIRI	12 Homes	2 84	134 George	a Ave	rue -	a. REC'D BY				ALAD	
We	arner E.	Pumphrey, S	Inc Sa	lver Spri		d. DA	IUN 14	1966 /	Cliarle	DA	-	

VR AI5 (4) 20M 1/65

DESCRIPTION OF THE OFFICE AND ADDRESS OF THE PROPERTY OF THE OFFICE AND ADDRESS OF THE OFFICE AN

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Wiley Bir Company of the Company of

Server Corners and Country Country Country Country Williams

ot combet embers theiler between the

ONSET AND DEATH 3 MONTHS ZIMONY BRAIN MALIG NAMEY 15 MONTH WAS AUTOPSY NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES T NO X (County) (State) saw the deceased alive on JUNE 25 ... 19 ff..., and that death occurred at P.M. from the causes and on the date stated above. 22b. DATE 20 ATTENDING SIGNED filed with the PHYS. DIRECTOR M.D. PHYSICIAN'S ADDRESS Montgomery Ave, Rockville, Md. NAME (Typa) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) B.F.B Burial (Spacify) June 28, 1966 Parklawn Rockville Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert A. Pumphrey Bethesda, Maryland Judge

. IS RESIDENCE

YES NO

1966

IF UNDER 24 HRS.

Day

25

12. CITIZEN OF WHAT COUNTRY?

USA

ON A FARM?

VR A15 (4)

HOSPITAL

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4), 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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9863	49	
	-	

CERTIFICATE OF DEATH

18628

	PLACE OF DEATH a. COUNTY				USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare odmission) a. STATE b. COUNTY					
		ontgomery If outside corporate limits		MARYLA		Maryland				
1	write RURAL on	d give negrest town) sda (Rural)	,	c. LENGTH OF STAY IN	10	c. CITY OR TOWN (If autside carparote limits, write RURAL and give neorest tawn)				eorest tawn)
				l day		Silver	Spring	3,	15	/ / / / / / / / / / / / / / / / / / / /
1		AL OR INSTITUTION (If no		give street oddress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	U. S.	Naval Hospi	tal			1701 Eas		st Highway		YES NO X
	NAME OF DECEASED	Fir	st	Middle		Last	4. OATE	Manth		Day Year
	Type ar print)	And		Holt		RTTER	DEATH			1 19 66
S. :	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIEO		DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months D	
	Male	Cauc	WIDOWEO	DIVORCED		lay 31, 1960	6	yrs.		Pays Hours Min. 22 10
10a	USUAL OCCUPATION	(Give kind of work dane		IND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or fo	areign cauntry)		EN OF WHAT
auri	N/A	life, even if retired)	"	NDUSTKT		Bethesda,			COOK	USA
13.	FATHER'S NAME		200			14. MOTHER'S MAIDEN	NAME			
	Donald !	Hartter				Susan	Holt			
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. 11	NFORMANT		Addres	S	
(Ye	na, ar unknawn)	(If yes give wor or dotes of	i service)	N/A	Car	tain Donale	d Hart	tter. 1701	East	West Howy
		, which gave)	(a) Int (b) pre	ráventricul maturity	ar H	emorrhage a	essoci	lated with		ONSET AND OEATH
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS C		TO OEATH BUT NOT RELAT	TED TO T	HE TERMINAL DISEASE (O	NDITION GIV	'EN IN PART 1(o)	3,870	19. WAS AUTOPSY PERFORMEO? YES NO
L CERTIFICATION		S UNDERLYING CAUSE OF OEATH MEDICAL EXAMINER)	205. 0	ESCRIBE HOW INJURY OCC	URRED. (Enter nature af injury in	Part I ar Po	ort II af item 18.)		
MEDICAL	Hour a.i p.i	m. 19	While at wo	e Nat While at work	facto	E OF INJURY (Hame, formally, street, office bldg., etc.	.)		(Caunt	
	saw the d	fy that (A) (this has eceased alive on_	pitol) atter June 1	nded the deceosed f 19 <u>66</u> , or	rom nd thot	May 31 , death accurred of	19 <u>66</u> , 455P	ta <u>June 1</u> M, from couses o	nd an the	date stated above
	22a. SIGNATURE M.C			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	MED. OIRECTOR	STAFF PHYS.	22b. OATE 2 Jul	ne 1966		
	22c. PHYSICIAN'S NAME (Type	1	yrch,	M. D.		U.S. Nav	al Hos	spital, Be	thesd	a, Md.
230	BURIAL, CREMATION OF THE PROPERTY OF THE PROPE		66	23c. NAME OF CEMET	ERY OR (E1 :		lnois	aunty) (State)
24	FUNERAL DIRECTO	W. W. Chamb	ers Fi	meral Home		Acres and a second a second and	O BY REGIST		ISTRAR'S SIGI	
	The Ch	enin St. N	I. W. V	Vashington.	D. (C. DATUN	6	1966 100	carelen	Judge

Bellieton (Univel) Tel Knott for the att a service of the body being During Merican, 1997 Mark ages have THE SHARE PRODUCTION AND REPORT OF SHARE ARRESTED THE PROPERTY OF SHARE AND ADDRESS OF THE PARTY. The first of the control of the cont the second fill well to the

Items 18&21 Film G379 7/WARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				(1	V.
F HE.	OF AL	TH	T	AT DEI	PT.	
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is A-	sary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta	neral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office alang with farm PM3. Page	5 may be retained for your files.	IERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page 1 and with the State Department of	h ar its designated agent, priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death.	
0 0	nec	the	5 E	10 F	Hea	

08633		MEDICAL EXAMINE	R'S CERTIFICA	TE OF DEATH		08629 /
1. PLACE OF DEATH 0. COUNTY Monte	gomery	MARYLAN	o. STATE	ENCE (Where deceosed	b. COUNTY	Residence before odmission) ontgomery
b. CITY OR TOWN (If outsi	nearest town)	c. LENGTH OF STAY IN 11	c. CITY OR TOWN	(If outside corporate		and give nearest town)
	INSTITUTION (If not in he	ospital, give street oddress)	d. STREET ADDR			e. IS RESIDENCE ON A FARM?
Holy Cros	s Hospital	Middle	Lost	LO2 Mitsche	Month	YES NO Day Year
DECEASED (Type or print)	Paul Dougl		Hawbeck	OF	Jun	
S. SEX 6. CC	DLOR OR RACE 7. M	ARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH	9. A	GE (In years IF I	UNDER 1 YEAR IF UNDER 24 HRS. Onths Doys Hours Min. 5 22
IDo. USUAL OCCUPATION (Give during most of working life, ev	kind of work done	10b. KIND OF BUSINESS DR INDUSTRY Student		(State or foreign count		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Edwin Hawbe	cker		14. MOTHER'S M Germa:	AIDEN NAME ine Lamber	t	
15. WAS DECEASED EVER IN U. (Yes, no, or unknown) (If yes	S. ARMED FORCES? give wor or dates of servi	16. SOCIAL SECURITY ND. 220-54-1829	17. INFORMANT Edwin Haw	becker 11	Address 102 Mitsc	ner St.
PART I. DEATH WAS	CAUSED BY: IMMEDIATE CAUSE (o) DUE TD GOVE (b) OUT DUE TO	line for (o), (b), ond (c).) Acute meningic	occal meni	ngitis.		INTERVAL BETWEEN ONSET AND DEATH
2Do. EXTERNAL CAUSE W.	45	2Db. DESCRIBE HOW INJURY OCCUP				19. WAS AUTOPSY PERFORMED? YES NO
PRIMARY Or CONTRIBU	TING 🗆			,		
20c. TIME OF INJURY M Hour o.m. p.m.	onth, Doy, Yeor 19	2Dd. INJURY OCCURRED 200 While Not While of work of work	e. PLACE OF INJURY (Hom factory, street, office blo		City or town)	(County) (Stote)
death resulted to		Heap M	Suicide , Har CHIEF N M.D. ASSISTA DEPUTY Addition	nicide, Under NT MEDICAL EXAMINER MEDICAL EXAMINER MEDICAL EXAMINER (SHEET, CHY, 16 Kn, or	etermined mank	and in my apiniar $\frac{22}{7}$
230. BURIAL, (REMATION, REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETER			ION (City or Town)	(County) (State)
24. FUNERAL DIRECTOR	June 39, 1	1966 Arlington		Arl:	ington 2Sb. REGISTE	Virginia RAR'S SIGNATURE
Robert A. Pu	ımphrey	Bethesda, M		1111 4		imple Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		08640	CERTIFICATE	OF DEATH	080	630
		PLACE OF DEATH G. COUNTY MONTGOMER	e V MARYLAND	a. STATE	Where deceosed lived, if institution: Reside b. COUNTY	nce before admissian)
		b. CITY OR TOWN (If outside corparote limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16 48 days	c. CITY OR TOWN (If ou	utside corporate limits, write RURAL and given $A \cap A$	47-3
5	· ·	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho SUBURBA)		d. STREET ADDRESS 4513	HARRISON St.	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) ANDREW First	Middle HEI	ARD	4. DATE Month OF JUNE	Day Year 12 19 66
	S. 5	MALE W WIL	DOWED DIVORCED	3/4/1892	9. AGE (In yeors IF UNDER last birthdoy) Months 7. Yrs.	Doys Hours Min.
	duri	. USUAL OCCUPATION (Give kind of work done ng most of working life, even if refired) FATHER'S NAME	or US Government		rton. D.C. US	ITIZEN OF WHAT OUNTRY?
		William Henry Hear Was Deceased Ever IN U.S. ARMED FORCES?			Loretta Baldwin	
	(Ye	n, na, ar unknawn) (If yes give war ar dotes of services) B. CAUSE OF DEATH (Enter anly one couse per	Luc		Raymond, item #	2 INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	inte for (0), (0), and (1).	•		ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse	ADENO CARC	IWOM4	OF COLON	MONTHS
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	SUTING TO DEATH BUT NOT RELATED TO TI	HE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
0	CERTIFICATION	2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in	Port I or Part II af item 1B.)	YES NO 🔼
	MEDICAL	2Dc. TIME OF INJURY Month, Doy, Yeor Haur a.m. 19		E OF INJURY (Hame, farm ory, street, office bldg., etc.)		ounty) (State)
		21. I certify that (I) (this hespital) saw the deceased alive an dura	attended the deceased fram /	death accurred at		the date stated above.
		220. SIGNATURE DE DE	fairly M.D	ATTENDING PHYS.	MED. DIRECTOR STAFF PHYS. 22b. 1 22b. 1	DATE SIGNED
			DeLonster, MD	8025AB	ERDEENRI	7
1	B	BURIAL (REMATION, BEMOVAL (Specify) 6/14/196	23c. NAME OF CEMETERY OR C	Cemetery	23d. LOCATION (City or Town) Suitland Ma D BY REGISTRAR 255. REGISTRAR'S	(Caunty) (State)
3		oseph Gawler's Son	ADDRESS Wash DC Ns,5130Wisc Ave	2Sa. REC'I	D BY REGISTRAR 258. REGISTRAR'S 14 1966 Achieved	

be executed within 24 haurs after death. gend 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the furnish director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar to burial, cremation, or remaval, and in any event, within 72 haurs after deat TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ca Page 4 may be retained by the hospital ar attending physician.

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FOR STATE

Items 18-21 Film G) (OMAN

al director. Page for your files. Department death. retained in With Spe S 3 to the 1, 2, and 3 ige 5 may be and 2 within 72 ve Pages 1, 2, PM3. Page pages office along with form PN burial-transit permit. File pa permit. Fi remova certificate should 20 cremation please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's CTO FUNERAL DIRECTOR: Page 3 should be used as a be Health or its designated agent, prior to burial, cremation. DEPUTY

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, Il Institution: Residence before edimission) . COUNTY b. COUNTY-MARYLAND b. CITY OR TOWN (if outside comporete limits, e. LENGTH OF STAY IN 1b c. CITY OR TOWN (Il outside corporate limits, write RURAL and give necrest town) write RURAL and give meerest town d. NAME OF HOSPITALYOR INSTITUTION (il not in hospital, give street eddress) d. STREET ADDRESS 3. NAME OF 4. DATE Middle Month DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED WIDOWED S yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working lile, even il retired 17010 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) | (Ifyesgivewerordetesofservice) Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: Drug intoxication IMMEDIATE CAUSE (e) DUE TO Over dose of barbiturates and alcohol Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying cause lest. (c) CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY M or CONTRIBUTING CAUSE OF DEATH. Took over dose of drugs and alcohol. MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. ! 20f. (City or town) factory, street, office bldg., etc.) While Not While 19 66 et work et work Home Bethesda 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection X death resulted from: Natural causes Accident Suicide XX Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Highland Burial Park Burial-transit 6-28-66 Danville. 23. FUNERAL DIRECTOR VR A15ME 5M 1/63

9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Is under 24 HRS. | Hours | Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 18 hr? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19, WAS AUTOPSY PERFORMED? YES NO T (County) (State) Montg. Md. Inquiry and in my opinion Undetermined manner DATE SIGNED Bethesda. 22d. LOCATION (City, town, or county) Virginia 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Bethesda, Maryland 1966

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

. IS RESIDENCE ON A FARM?

YES NO

Yeer

19

Day

Transfer age 1966 DE NOT TO LEASE THE STREET OF THE STREET

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

	0854	T+	om #7	CERTIFICAT			KEEI, BA	LIIMUKE	086	32	3.5
1.	PLACE DF DEAT	Montgome:	o V	MARYLAND	2. USUAL RESIDI a. STATE	NCE (Who	ere deceased lin	red, If institut b. COUNTY	ion: Residenc	e before ad	mission)
	b. CITY OR TOW write RURAL Olney	N (if outside corpora and give nearest tov	te limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN				URAL and g	ve neares	t town)
	d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not in h	ospital, give street address)	d. STREET AODRE	SS				e. IS RES	
		ve Founda		(Sharon)	2827 -		Stre				NO 🗌
3.	NAME DF DECEASED		Irst	Middle	Last	0	ATE F	Month	Day		
	(Type or print)		abeth	Emma	Heuser	0	EATH	Jume		19 (
5.	SEX *	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	or to	9. AGE (I	In years IFU Irthday) Mon		Hours	24 HRS.
f	emale	white	WIDOWED	DIVORCED 1	/26/1895		71	yrs.	tins Days	Hours	Min.
Juri	.USUAL OCCUPATING MOST OF WORK Payroll	Ing life, even_if retire	done 10b. K	IND OF BUSINESS OR NDUSTRY	Louisv			NAME OF TAXABLE PARTY.	12. CITIZEN COUNTR	OF WHAT	
	FATHER'S NAM				14. MOTHER'S M.						
	DI. 1771	- TT									
15.		p Heuser	PCES2 16	SOCIAL SECURITY NO. 17.	Lenora	Sen	miat_	Address			
	s, no, or unkown)	(If yes give war or dates	of service)		arsing Ho	ma F	here of		M	[]	0 0 0
_	no	XXXXXXXXX			Traing ne	MILE T	e cor-a	2-OTI		aryl	
				line for (a), (b), and (c).]	H. 110 /	24 650				ERVAL BET	
1		EATH WAS CAUSED BY IMMEDIATE CAUSE		Erenral 1	HYOMID	5/5			- 8	3 da	4_
	350	DUE	то								
	Conditions, If		(b)								
	gave rise to cause (a), s underlying caus	tating the DUE		PANKINSON	dispass				3	TYN	5
5		SIGNIFICANT CONDITI		UTING TO DEATH BUT NOT RELA	TED TO THE TERMINA	LDISEASE	CONDITION	GIVEN IN PART	T1(a) 19.	WAS AU	
=	3	3							0.31	PERFORI	
=	ODA ACCIDENT	WAS UNDEDIVING	Look	DESCRIPT HOW IN HERV ORGH	DDED /Fatan matuum	of Indiana	In Dock I or	David III of Ita		ES	NO
CERI	OR CONTRIBUT	WAS UNDERLYING TINC CAUSE OF DEATIFY MEDICAL EXAMI	TH	DESCRIBE HOW INJURY OCCU	KKED. (Enter nature	or injury	In Part I or	Part II or ite	m 10.)		
DICAL	2Dc. TIME OF Hour a.i	INJURY Month, Day, n.	Year 20d. While	facto	CE OF INJURY (Home ry, street, office bldg	, farm, 2 , etc.)	of. (City or	town)	(County)	(S	tate)
Σ	p.i	m. 19	at wor	k at work	11	-	- 7		11		
				ed the deceased from	MON:	19.78	, to 441	26/5,	19 <i>66</i> , t	hat (I) (w	(e) last
		ceased alive on	AUDE	1.5 19 WW, and that	death occurred a	100	I, from the				above.
	22a. SICNATU	RE SOM		1/2	ASTENDINO	MED	0.74		b. DATE SI	CNEO	
1		10001	Mas	M.D		MED. DIRECT	OR PHY				
	22c. PHYSICIA NAME (T)		1ast	10 MIT	22d. ADORESS	timer	g. STAN	y Was	17149	Tous	70
23a.				23c. NAME OF CEMETERY		230	. LOCATION	(City, town	or county	(St	ate)
	REMOVAL (Sp	eclfy) 6/20,	1661	Rock Creek	Cemetery	W	ashin	gton.	D. C		
24.	FUNERAL DIRE	CTOR		AODRESS	25a.		RECISTRAR	25b. REGIS			1
	The S.	H. Hines	Compan	y Washington	DC nate	INI	7 1966	your	wells &	udge	P

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[3 general The S. H. Higgs Scarrey washington, 25

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Pages 1. b. COUNTY a. STATE b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLANO c. LENGTH OF STAY JN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) bon papers. Pag within 72 hours filled in ockville e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS YES NO _ executed within completely physician and completely please remove carbon val, and in any event, witl NAME OF Month 3. Middle Last 4. DATE Day Year DECEASED OF 1966 (Type or print) DEATH 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS 7. MARRIED NEVER MARRIED 9. last birthday) Months Days Min. Hours WIDOWED DIVORCED 20 White 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? NEA GOMERY PHYSICIAN: The law requires that the death certificate the hospital or attending physician. FATHER'S NAME MOTHER'S MAIDEN NAME attending physermit. Then p AYICSS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN Address been signed by the attenthe burial-transit permit. (Yes, no, or unkown) | (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate TO FUNERAL OIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept, of Health prior to **OUE TO** cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? 0 YES ! NO [20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 206, PLACE OF INJURY (Home, farm, (County) (State) TIME OF INJURY Month, Oav. Year 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While Page 4 may be retained by at work p.m. at work 1966 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 5.55 M, from the causes and on the date stated above. saw the-deceased alive on 22a. SIGNATURE DATE SIGNED STAFF ATTENDING PAYSIONAN'S NAME/ITUM M.O. PHYS. DIRECTOR PHYS. 22d. ADDRESS BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 6 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial Memoria 250. DEGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15 (4) Annapolis Funeral Home 15M 4-64

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TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place move carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it may event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
08644 CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)					
1	Mautcomet	a. STATE Maryland b. COUNTY Montgomery					
-	MARYLAND b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)					
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE					
		ON A FARM?					
-	12506 Dalewood Drive	12506 Dalewood Drive YES ND					
3.	NAME DF First Middle DECEASED	Last 4. DATE Month Day Year					
_	(Type or print) James Garfield Honk	DEATH June 29 19 66					
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.					
	Male White WIDDWED DIVDRCED 0	october 3, 1881 84 yrs. Months bays hours Min.					
1Da	I. USUAL OCCUPATION (Give kind of work done IDD. KIND DF BUSINESS DR INDUSTRY INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Re	t. Inspector National Jube Co.	0 0 1 1 1 6 0					
1.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
20	hn B. Hadk Houk	Nancy Nimmo					
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFDRMANT Address Address					
(40	es, no, or unkown) (If yes give war or dates of service) None Cl	arence H. Burgraff Silver Spring Md					
=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	NIET STANGE MA					
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH					
	IMMEDIATE CAUSE (a)	uluvnary Eduna Tange					
	33/X DUE TO	. 1. Accelet 12 %.					
	gave rise to Immediate (b)	sucar circanas / Janys					
	cause (a), stating the DUE TO	Interior					
Z	underlying cause last. (c) UM NUC -	emosis ogs.					
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
FICA		YES NO D					
RTI	20a. ACCIDENT WAS UNDERLYING DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)					
	(IF EITHER, NDTIFY MEDICAL EXAMINER)						
MEDICAL	tions - m	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) y, street, office bldg., etc.)					
MED	Hour a.m. p.m. While Not While at work at work	J, ou cer, outce blug., etc.,					
2	21. I certify that (I) (this hospital) attended the deceased from	e/16 196 to 6/19 1966 that (1) (we) last					
		death occurred at M. from the causes and on the date stated above.					
	22a. SIGNATURE	22b, DATE SIGNED					
	Travero & Richardes M.D.	ATTENDING MED. STAFF [/4]					
	226. PHYSICIAN'S I 22d. ADDRESS						
	NAME (Type) Francis X. Richardson, M.D.	11412 Viers Mill Rd., Wheaton, Md. 209					
232	BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY						
	REMOVAL (Specify)	+ 01 1 1 0 0 0 1 .					
	FUNERAL DIRECTOR JULY 2, 1966 Harmony Bapti	st (hurch Lawrence (o Pennsylvania 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
	ohn B. Thomas John Co Shornes 8434 Georgia	Hue. 1000 Milarley Judge					
	arner & Pumphrey Inc. Silver Spring	Md DATE 11 5 1300 /					

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prosicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> VR A15 (4) 15M 4-64

	MADVIAND	STATE DEPARTM	MENT OF HE	ALTH	
DIVISION OF STA	TISTICAL RESEARCH ANI				DE 1 MADVIANI
08645		TIFICATE OF		NEET, DALITIM	
08040	CER	HIFIGAIL OF	DEAIL		08635
DI ACE OF DEATH		II o Hell	IN DECEDENCE CHE	anna deceased lived 16 li	netitution: Decidence hefore

1.	PLACE OF DEATH a. COUNTY				Institution: Residence before admission)
	11/14117	MARYLAND	a. STATE DISTRICT	b. C0	
	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH DF STAY IN 1b			write RURAL end give nearest town)
	TAKOMA PARK	3 DAYS	WASHING	NOTE	47-3
	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	DASHINGTON SANITARLOM & F	OSPITAL	2412	30th STREET	YES NO X
3.	NAME OF First DECEASED	Middle	Last	4. DATE MOI	nth Day Year
	(Type or print) ANNA	CAROLYN	HUNTER	DEATH JUNE	20 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	S IF UNDER 1 YEAR IF UNDER 24 HRS. Months I Days Hours Min.
7	FEMALE WHITE WIDOWED	DIVORCED	AUG 12 /	976 89 yrs.	Months Days Hours Min.
102	. USUAL OCCUPATION (Give kind of work done 10b. K			County & State, or foreign coun	try) 12. CITIZEN OF WHAT
oni		NDUSTRY	GERM	ANV	COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAI		American
	JOHN ELLER BROCK		ANNA	ALHEIT	
15	WAS DECEASED EVER IN U.S. ARMED EDRCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		ress
(Y)	s, no, or unkown) (If yes give war or dates of service)	UNKNOWN	HOSPITAL	RECORDS	
-	18. CAUSE OF DEATH [Enter only one cause per]		TIOSPITAL	- RECORDS	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:		Our do	an Oan of	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	come cu	ence se	andary to	
	Out distance of any which)	to: 20. 4	2-1/-	& Minos	sa abrancel,
	Conditions, if any, which gave rise to immediate (b)	enouclesot	ic Near	* Willen	1
	cause (a), stating the DUE TO				
z	underlying cause last. (c)	ITINIA TO DOLTH CUITNIA TO DOL	T-0 -0 -1 - T-0 -14141	DISCOS CONDITION OF THE	IN PART 1(a) 19. WAS AUTOPSY
2	PART OTHER SIGNIFICANT CONDITIONS CONTRIBI	JIING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION GIVEN	PERFORMED?
FIC.	Cerebral area	ioscleros	es - Love	religied aster	esseros YES NO X
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature o	of Injusy in Part I or Part I	of Item 18.)
		NJURY OCCURRED 120e, PLA	CE OF INJURY (Home, I	farm, 20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. While	Not While facto	ry, street, office bldg.,	etc.)	
Z	p.m. 19 at wor	k at work	10/2	6/3	3 = 00/0/
	21. I certify that (I) (this hospital) attend		1160	19 19 to 0/0	19 Gethat (I) (we) last
	saw the deceased alive on 22a. SGMATURE	eff1966, and that	death occurred at	Copied, from the cause	es and on the date stated above.
	22a. MIGHAYURE	12.674	ATTENDING PHYS.	MED. STAFF	1/2m/1966
	22c, entisician's	Sell MAIL	22d ADDRESS	DIRECTOR PHYS.	10/10/100
	THE PYDE DEN K, A	CAPMO	. WHE	TON /	naryland,
238		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	town or county) (State)
	Burial 6.23.66	Loudon Park	Baltimor	e Baltimore	.Marvland
	FUNERAL DIRECTOR	ADDRESS WA	55. 2) 25a. RI	EC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
1	Trend Stone 3	south Star	DATE	N 2 3 1968 8	Charles Judge
1	LI JULIUS MINE OF	O TONE	DATE		

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OSCILLATE OF DEATH
OSCILLATE OF DEATH

1.	PLACE DF DEATH				2. USUAL RESIDENC	E (Where	b. cou	NTY		before ad	mission)
	Montgome	ry	1	MARYLAND	Maryland Montgomery						
		N (if outside corporat and give nearest town	e limits, n)	c. LENGTH OF STAY IN 1b						t town)	
	Wheaton		ALLESS.	2 ½ weeks	Silver Sp	prine	7	11	-	/	
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (if not in h	nospital, give street address)	d. STREET ADDRESS				0.	IS RES	DENCE ARM?
		ity Nursing	Home				oring Aver		1 -	ES 🗌	NO 🔀
3.	NAME OF DECEASED	Fir	st	Middle	Last	4. DA	1.0.0		Day	Yea	
	(Type or print)	ERNEST		The strate died strategy and	UTCHINSON	DE	ATH Jur		10	19	
5.	SEX	6. COLOR OR RACE	7. MARRIED	I MEVER MARKIED	8. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER	1 YEAR	Hours	Min.
	Male	White	WIDOWED		12/22/1879		86 yrs.				WHII.
10a dur	. USUAL OCCUPAT Ing most of work	ION (Give kind of work of ing life, even if retired	ione 10b. F	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	unty & St	tate, or foreign count	CC	UNTRY	F WHAT	
	Farmer			Farm	Richmond	Count	ty, Va.	U	SA		
13.	FATHER'S NAM	E			14. MOTHER'S MAID	EN NAMI	E				
	Frederic	ck Hutchins	on		Rose Riel	ly					
	. WAS DECEASED I	EVER IN U.S. ARMED FO	RCES? 16.	. SOCIAL SECURITY NO. 17.	INFORMANT		400 Addr	ess Wo	ods	toc	k St.
(16	s, no, or unkown)	(11 yes give war or nates of		227-46-0753 J	. C. Hutch	1801	Arling			ain	
		DEATH [Enter only one	e cause per	line for (a), (b), and (c).]		1.1			INTER	VAL BE	WEEN
	PART I. DE	EATH WAS CAUSED BY	n	20 . 10 . 2 /	1. 100 000	11.	1. 40 8 40		1	AND L	-
	4200	IMMEDIATE CAUSE	/ /	11 moraran	a on suy	The	may		1		
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-	underlying caus		(c)						100	11110 011	TOROW
5	PART II. OTHER S	SIGNIFICANTCONDITIO	INS CONTRIB	UTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL D	ISEASE (CONDITION GIVEN I	N PART 1(a)	19.	WAS AU PERFOR	
ICAT					8				YES		NO 🔲
TIF	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	injury i	n Pert I or Part II	of Item 18	.)		
CERTIFICATION		WAS UNDERLYING DING CAUSE OF DEATHER MEDICAL EXAMINATION OF THE PROPERTY OF TH									
ICAI		INJURY Month, Day,			CE OF INJURY (Home, fa ory, street, office bldg., et	rm, 20	f. (City or town)	(Cot	ınty)	(5	tate)
MEDICAL	Hour a.r		While at wor	B NOT WHILE !	/	"/	. 1	SLETT			
-				ded the deceased from	3/15.19	966.	to 10 /10	19_6	6, th	at (i) (w	ast
		ceased alive on 6	13		t death occurred at	3 C5	from the cause				
	22a. SUNATU		1			1		22b. D			
	4	hre	2 _	M.I	D. PHYS.	MED. DIRECTO	R PHYS.				
	22c, PHYSICIAN'S										
		HUGH	HUN.	TREY	7105-		GCS RI	1 1			ILLE
232	BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY		LOCATION (City,				ate)
	SUMMEN (Sp	6/12/6	6	Newland Bapti	st Church	Ric	chmond Cou	inty,	Virg	inia	
24	EUNER LOURI	ECTOR/ 2002	ئىد	ADDRESS 3201 A	A FAIRTHINE 250. REC	C'D BY R	EGISTRAR 25b.	REGISTRAR	'S SIGN	ATURE	
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1	- NULLED	FUNERAL HO	ME	MERINGTON	THE DATE		- T		1	-0	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items OF CERTIFICATE DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Maryland o. COUNTY o. STATE b. COUNTY Alleg. MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN gutside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Kensington e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Carol Hall Santitarium 10231 Carol Place YES | NO DE 3. NAME OF 4. DATE Year DECEASED DEATH (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE **NEVER MARRIED** 7. MARRIED lost birthdoy) Months Doys Hours Female White WIDOWED T DIVORCED 24.1896 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Petersburg, W. Va At. Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura Bell Hutton Francis Wilbur Breathed 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 214-05-6940 Jane Hutson Meigs INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (Stote) 20c, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) ot work 21. I certify that (I) (this hospital) attended the deceased from 1966, that (1) (40) last _19.66, and that death occurred at _M, from couses and on the date stated above. saw the deceased olive on as ma 22b. DATE SIGNED 22o. SIGNATURI ATTENDING PHYS. DIRECTOR /22d. ADDRESS 22 PHYSICIAN'S 23o. BURIAL, CREMATION, (County)

campletely filled in by the funeral ave carban papers. Pages 1 and event, within 72 mave signed by the attending physicica-burial-transit permit. Then please burial, crematian, ar removal. and be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta TO HOSPITAL Page 4 may b VR A15 (4) 20 M 1/66

ATTENDING PHYSICIAN: The law

requires that the death certificate be executed within 24 haurs after death

hours (

24. FUNERAL DIRECTOR verly-Wheatley Funeral Home, Alexandria,

REMOVAL (Specify)

Burial Remor

23b. DATE THEREOF

NAME OF CEMETERY, OR CREMATORY

ADDRESS

23d. LOCATION (City or Town)

Petersburg W.Va.

Personal Action of the Control of th

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
U863

	02848	CERTIFICA	HE UF DEATH	00000
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If institution	on: Residence before admission)
	a. COUNTY MONTGOME	R4 MARYLAND	a. STATE CYLAND b. COUNTY	n TBomsky
	b. CITY DR TDWN (if outside corporate write RURAL and give nearest town	e limits, C. LENGTH OF STAY IN	b c. CITY OR TOWN (If outside corporate limits, write RL	JRAL and give nearest town)
	SILVER SPRING	2 16 DAYS	SILVER SPRING	15-1
-	d. NAME OF HOSPITAL OR INSTITUTION	(if not in hospital, give street addre	ss) d. STREET ADDRESS	e. IS RESIDENCE DN A FARM?
	HOLY CROS	2	10307 Julep A	YES ND
3.	NAME DF Firs	st Middle	Last 4. DATE Month	Oay Year
	(Type or print) POROTI	1+4 m.	IRWIN DEATH 6	12 1966
5.	SEX 6. COLOR OR RACE ;	7. MARRIEO NEVER MARRIEO	8. OATE OF BIRTH 9. AGE (In years IF UN last birthday) Mont	IDER 1 YEAR IF UNDER 24 HRS. ths Days Hours Min.
	F WHITE	WIDDWED DIVORCED	78 yrs.	
10a	. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired)	ione 10b. KIND DF BUSINESS DR	11. BIRTHPLACE (County & State, or foreign country) 1	2. CITIZEN DF WHAT COUNTRY?
dur	HOUSE WIFE	INDUSTRI	PENN.	U.S.A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
1	FRANK A. ADAM.	5	FRANCES BYRNES	
	. WAS DECEASED EVER IN U.S. ARMED FDR	service)	7. INFORMANT 10307 Ju	LEP AVE.
	No -	NONE L	EDWARD J. MAYES SILVER.	SPRING, MD
	18. CAUSE DF DEATH [Enter only one	cause per line for (a), (b), and (c).]	1 1 1 1 A 1	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	(a) (archionis	Colori Mastarest	0
П	1538 DUE T	. 0	10 . A-	(month
	Conditions If any which !	(b) Fines as	id Penemeum	6 moras
	gave rise to immediate			
	cause (a), stating the	(c)		
NO		NS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTDPSY PERFORMED?
CAT	(0) 180,00	Cr Boan Tee V	Dark Diller	YES ND N
E	2Da, ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY O	CCURRED. (Enter nature of Injury In Part I or Part II of Iter	m 18.)
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMIN	(H (ER)		
	20c. TIME OF INJURY Month, Oay, Y	Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
MEDICAL	Hour a.m.	While - Not While -	actory, street, office bldg., etc.)	
M	p.m. 19	at work at work	A 1 1 1 20/6 . Day 11/2 .	10 / / that /// (wa) look
1.0	. /	ital) attended the deceased from	(190, to June 2, 1	19 that (I) (we) last
	saw the deceased alive on	19 and	that death occurred at M. from the causes and	b. OATE SIGNED
	22a. SIGNATURE	Boy was both	ATTENDING MED. STAFF	6/12/66
	22c. PHYSICIAN'S	curry 1019	M _A O. PHYS. U OIRECTOR PHYS. 1	5000
	NAME (Type)	U	10630 GODINGER (VI)	10 Silvola ina
-	a. BURIAL CREMATION 23b. DATE T	THEREOF 23c, NAME OF CEME	TERY OR CREMATORY I 23d. LOCATION (City, town of	or county) (State)
232	REMOVAL (Specify)	- (C PAL JARY	O TO LIA	PENNA
24	16/3/1/2	ADDRESS		TRAR'S SIGNATURE
11	111 Champage	P. RIVERDALE	mp 2411N 14 1966 PClia	/ n

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

> VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08643 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Wahington D.C. o. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autode carparate limits c. LENGTH OF STAY IN 1b Tarite RURAL and give nearest town) 33 days Washington D.C. d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? Washington Sanitarium and Hospital 3409 Wheeler Rd. S.E. YES NO Middle 4. DATE 3. NAME OF First Manth Doy Year DECEASED Addie (NMN) Jackson June (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED last birthday) female colored 7-22-28 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INOUSTRY COUNTRY? during most of warking life, even if retired) South Carbline None 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Porter Jackson Mamie Patterson IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service Patient's chart None none INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o)

deeth campletely filled in by the funeral nave carban papers. Pages 1 and within 72 remave Aud please attending physical med pl signed by the c burial-transit p the has been the haspital ar TO FUNERAL DIRECTOR: After this certificate af detached be retained should directar, page 3 should be filed v

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S. SEX

requires that the death certificate be executed within 24 haurs after death

VR A15 (4) 20 M 1/66

None 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY DUE TO Conditions, if ony, which gove rise to immediate cause (o). DUE TO stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) factory, street, affice bldg., etc.) Haur a.m. Not While at work 19.6 C . to 196 / that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from and that death occurred at 4:45M, from causes and an the date stated above saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIANS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 6-20-66 Harmony Memorial Pk. Prince Georges ADDRESS

1 1 1 1 a continued and a second .0.000 JUN 2 2 1886 APPLICATION

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Them #2c & d First Ficate Of Death

08650 dearth be executed within 24 hours after death funeral 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND hours after Pages b. CITY OR TOWN (If outside corporate limits LENGTH OF STAY IN 16 (If outside corporate limits, write RURAL and give bearest tawn) write RURAL and give nearest tawn Germantown d. NAME OF HOSPITAL OX INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? lled YES NO X Rural 3. NAME OF Middle 4. DATE Year DECEASED 0F (Type or print) DEATH 5. SEX IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years YFAR lost birthdoy) Doys Months Hours WIDOWED **DIVORCED** and in any ren guq 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT (County & State, or foreign country) physician c during most of working life, even if retited) **INDUSTRY** COUNTRY 22 the death certificate mestic 13. FATHER'S NAME crematian, ar remaval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), PART I. DEATH WAS CAUSED BY: signed by the burial-transit p requires that IMMEDIATE CAUSE (o) attending physician. DUE TO burial. Conditions, if ony, which gove rise to immediate couse (o), DUE TO as the priar to stating the underlying couse last. 19. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use Health NO Page 4 may be retained by the haspital ar certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING [7] CAUSE OF DEATH af detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) While Not While at work ot work TO FUNERAL DIRECTOR: After 19657, ta 21. I certify that (1) (this haspital) attended the deceased fram. directar, page 3 shauld shauld be filed with the and that death accurred at 9.30PM from causes and an the date stated above. saw the deceased alive an. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) Rrook 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) 6/12/66 Cemetery Seneca, Seneca Ma . **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) Rockville, 20 M 1/66

THE RESERVE OF THE PARTY OF THE A STATE OF THE PARTY OF THE PAR THE REPORT OF THE PARTY OF THE

FOR STATE HEALTH DEPT

any delay is

in pencil in Item 18. Give Pages 1, 2, and 3 to

This certificate should be executed within 24 hours after death. If

es land 2 with the State Department of any event within 72 hours after death 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. Heolth or its designated agent, prior to burial, cremation, or removal,

the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page

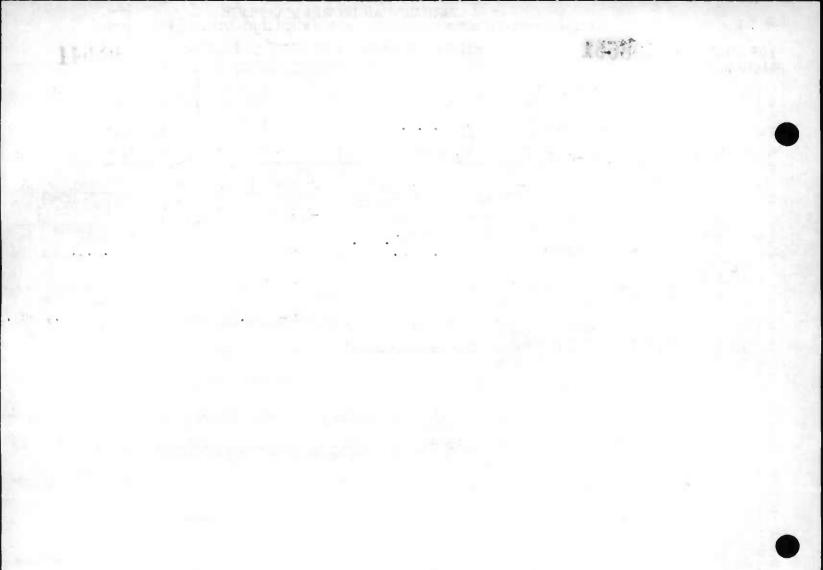
necessory, please execute the certificate, writing the ward "pending"

TO DEPUTY MEDICAL EXAMINER:

VR A15ME 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08651	WEDIG	CAL EXAMINE	R'S CERTIFICATE	OF DEATH	08641			
1. PLACE OF DEATH					nstitution: Residence befare admissian)			
o. COUNTY Montgomery		MARYLAN	o. STATE Ma.:	ryland b.	Montgomery			
b. CITY OR TOWN (If autside carparate write RURAL and give nearest tawn)	limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (f autside carparate limits, writ	limits, write RURAL and give nearest tawn)			
. Rothords K	EKUIII4.	D.O.A.	Roc	ckville	15-1			
d. NAME OF HOSPITAL OR INSTITUTION	(If nat in hospital, giv	e street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
Suburben 6	27 N. Hor	ners Lan	e Mas	son Drive	YES NO E			
3. NAME OF DECEASED	First	Middle	Last		Manth Doy Year			
(Type or print) Job	n	Wesley	JACKSO		21 19 66			
S. SEX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year last birthda	ors IF UNDER I YEAR IF UNDER 24 HRS. Manths Days Hours Min.			
M C	WIDOWED	DIVORCED	12-12-192	42	yrs.			
10a. USUAL OCCUPATION (Give kind of work of	dane 10b. KIND	O OF BUSINESS OR JUSTRY Wash. Sul	11. BIRTHPLACE (S	tate or fareign country)	12. CITIZEN OF WHAT COUNTRY?			
during most of working life, even if retired) Refuse Collector	Sa	n.Comm.	Maryla		U.S.A.			
13. FATHER'S NAME			14. MOTHER'S MAID	EN NAME				
John Wesley Jack	cson		Mary D	imes	- V			
15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, na, or unknawn) ((If yes give war ar do	CES? 16. SO	CIAL SECURITY NO.	17. INFORMANT		Address 10910 Seven			
(105,105,010,010,010,010,010,010,010,010,			Mother -	drs.Jackson	Locks Rd. Rock			
18. CAUSE OF DEATH (Enter only and PART I. DEATH WAS CAUSED BY:	e cause per line far (a), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CA	AUSE (a)Bro	nchopnreum	nia		ONSET AND DEATH			
49/X	DUE TO							
Canditians, if any, which gave rise to immediate couse (a),	(b)							
stating the underlying couse	DUE TO							
last.	(c)				Lin was auxonsy			
PART II. OTHER SIGNIFICANT CONDITIO	INS CONTRIBUTING TO	DEATH BUT NOT KELATED) TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(PERFORMED?			
E Ratty metamorpl 20g. EXTERNAL CAUSE WAS	nysis Liv		250 45		YES X NO			
PRIMARY OF CONTRIBUTING	20b. DESC	KIRE HOM INJURY OCCUR	(RED. (Enter noture at injury	in Part I or Port II of item 18	8.)			
CAUSE OF DEATH.	1 001 1111	IDV OSSIDOSO I AA	OLACE OF HUMBY (III	1 006 (6)	16			
20c. TIME OF INJURY Manth, Day, Ye Hour o.m.	White -	Not While	 PLACE OF INJURY (Hame, factory, street, office bldg., 		rn) (County) (State)			
p.m.	19 at wark	at wark		<u> </u>				
21. I certify that I taak ch					Inquiry and in my apiniar			
death resulted from: No	itural causes 🔀	, Accident ,			d manner 🔲			
ACTUAL	0 6	12 12		CAL EXAMINER	22. DATE SIGNED			
SIGNATURE	fon b.	Dall	M.D.	MEDICAL EXAMINER LI	121/86			
EXAMINER'S NAME (Type)				treet, city, tawn, ar caunty)	12.100			
23a. BURIAL, CREMATION, 23b. DAT	E THEREOF	23c. NAME OF CEMETER		23d. LOCATION (City	or Town) (Caunty) (State)			
Burial 6/2	5/66	Lincoln	Park		ville, Md.			
24. FUNERAL DIRECTOR	. /	ADDRESS	2Sa. I	REC'D BY REGISTRAR 2SI	b. REGISTRAR'S SIGNATURE			
11 1 Kruh 7 . 4711	waleu	Rockville	Ma DAE	IN 2 3 1966	Milarles Judge			



John L. W. Charles John Land Berger

FOR STATE HEALTH DEPT

ay to Page State 2, and PM3. EXAMINER: This certificate should be executed within 24 hours after death. I certificate, writing the word "pending" in pencil in Item 18. Give Pages tould be forwarded to the Chief Medical Examiner's Office along with form -Ø should be forwarded to the files DIRECTOR: for your 4 Page director. retained

5M

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY MONTGOMERY a. STATE MARYLAND b. COUNTY MOWARD MARYLAND Department after death. b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) Simpsonville Olney, Md. after d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? hours Montgomery General Hospital 35 NO L NAME OF First Middle DATE Month Last 4. Day Yaar the 72 DECEASED OF June Jackson Washington Gibson 19 66 DEATH (Type or print) 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. 9. Colored Male Aug. 1, 1902 WIDOWED [63 DIVORCED event 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY INDUSTRY Virginia Farm Worker any pages In any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Addison Jackson Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, pq. or unkown) | (If yes give war or dates of service) Mrs. Julia Brooks, Simpsonville, Md. permit. removal, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c) cremation, or PART J. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e Conditions, If any, which gave rise to immediata DUE TO cause (a), stating the underlying causa last, used as to burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO YES or or 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY TO OF CONTRIBUTING 3 should lagent, price CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While CTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Undetermined männer death resulted from: Natural causes **Suicide** Homicide ASSISTANT MEDICAL EXAMINER DM.D SIGNATURI 0 FUNERAL I NAME (Type) LOCATION (City, town 23a. BURIAL, CREMATION, DATE THEREOF 23d. (State 0 PMOVAL (Specify) 966 01 FUNERAL DIRECTO REGISTRAR'S SIGNATUR 1966 VR ALSME (5)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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-	1			MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, I	MADVIAND
The state of the s	÷ =	N es a	1	08653 CERTIFICATE OF DEATH	08643
	death.	and 2 death.		PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution:	Residence before admission)
	hours after death.	er d	1	a. COUNTY MARYLAND a. STATE Maryland b. COUNTY	hortes
	aft y	ges		b. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)	L end give nearest town)
	ours in b	s. Pages 1 hours after		Kensinaton 3 Months Kecic Count	08-2
	24 hc	72 h	,	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	n 2. y fill	bon papers. within 72 ho	1	Sensington Gardens JANITORIUM	YES NO X
	uted within completely	wii v	3	DECEASED	Day Year
100	y be	ve carl event,	5	(Type or print) (THETINE JENKINS DEATH JUNE SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDE)	15 19 4 6 R1 YEAR FUNDER 24 HRS.
di.	executed and com	emove any ev		P last birthday) Months	
2		a e	10	28 IISHAL OCCUPATION Glue kind of work done 10h KIND OF BUSINESS OD 11 BEPT HOLDE County & State or freeing country 12 (CITIZEN OF WHAT
101	be percha	and	ai	Da. USUAL OCCUPATION (Give kind of work done ountry) 12. (curing most of working life, even if retired) At Home Maryland.	1.S.A.
1/2	cate	n pl		3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
di	ing	Then		JAMES Howe Mary Mc Quade	
0,	death certificate be attending physicial	or r	0	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 0 3504 Fathering	Dr., Md.
8	deat e at	permit. tion, or	=	No None Mrs. Frances McMahan-Daught	
n	y th	- 'C		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEACH
121	s that t ysician.	transi crem		IMMEDIATE CAUSE (a)	Jarres
10	es the	burial-t burial,		Conditions, If any, which to the first the first the conditions of	5 mon
100	requires ding phy been sig	to be	1	gave rise to immediate	0711010
a	ndin	ior		cause (a), stating the DUE TO underlying cause last. (c)	
Da	law afte	for use as th Health prior	NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTDPSY PERFORMED?
U	The or	lealt	FICA	Cerebral Cerlerio Scheroses	YES NO
	CIAN: The spital or a certificate	00	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 1 (IF EITHER, NOTIFY MEDICAL EXAMINER)	8.)
	OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. SIRECTOR: After this certificate has been signed by	etache Dept.			ounty) (State)
	the the	det te D	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, Hour a.m. 20f. (City or town) (Company factory, street, office bidg., etc.)	Julity) (State)
	d by t	State	V		ala that (1) (wa) last
	ATTENDIN retained t	the		21. I certify that (I) (this hospitel) attended the deceased from 1900, to 1900, to 1900, saw the deceased alive on 1900, and that death occurred at 2000, from the causes and on	the date stated above
	ret ret	3 sh with		22a. SHENATURE () 22b.	DATE SIGNED
	. > =	led		MANY Walley M.D. ATTENDING MED. DIRECTOR DIRECTOR PHYS.	15/60
	Page 4 may 0 FUNERAL C	director, pag should be fil	1	22c. PHYSICIAN'S MAPPUIN WADLER 22d. ADDRESS 2/8/1/50 Av	Bethede
	HO. HO.	Jour V	2	Ba. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or co	ounty) (State) /
	5 5	000	1		rland
	445	H	D 2	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS AREC'D BY REGISTRAR 25b. REGISTRAL	R'S SIGNATURE
	VR A15		1	prences Three Horse as 7 ste N 17 1966 Johnste	Judge

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FOR STATE

P.M.3. Page

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and 2 with the Stote Deportment of

event within 72 hours after death.

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Health or its designated agent, prior to buriol, cremation, or removal, and TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File

in pencil in Item 18. Give Poges 1, 2, and 3 to

This certificate should be executed within 24 hours ofter death. If

Office olong with form

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's

5 may be retained for your files.

VR A15ME (5)

necessory, please execute the certificate, writing the word "pending"

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08654	MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	08644
1.	PLACE OF DEATH O. COUNTY ONT GOMERY	MARYLAND	2. USUAL RESIDENCE (W) 0. STATE	b. COL	ution: Residence before odmission) UNTY
	write RURAL and give nearest town	D.O.A.	Silver		URAL and give nearest town)
		NITARIUM & Hosp.	d. STREET ADDRESS	irland 1-	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF First DECEASED (Type or print)	Middle	ohnson	4. DATE Mor OF DEATH	16 - 24 1966
S.	10 A 1	MARRIED NEVER MARRIED X	B. DATE OF BIRTH 6 − 30−18	9. AGE (In yeors lost birthdoy) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
dur	o. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	MARYL	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
L	Benjamin So,	hoson	14. MOTHER'S MAIDEN NA	Wn	
15. (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of ser	vice) 16. SOCIAL SECURITY NO. 17.	INFORMANT Blanche	Poinderte	s, mel
	1B. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (o), (b) and (c).)	Rypistio	n due.	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove (b) rise to immediate couse (o),	aspiration	e vomi	tus acco	mpanied
	lost. underlying couse (c)	by intestis	ial obs	truction	, .
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUDING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY □ OF CONTRIBUTING □ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Po	ort I or Port II of item 18.)	
MEDICA	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that I took charge of death resulted from: Notural co		eld an Autapsy 🔀 ide 🔲 , Hamicide [Inspection , Inq	ond in my apinia
	ACTUAL SIGNATURE Della	Resp 2	CHIEF MEDICAL EX	AL EXAMINER	22. DATE SIGNED
	EXAMINER'S RELDETY A	REAP MIL		EXAMPLER City, fown, or county)	125/1966
	aldith 1 1001	66 Good Ho	pe	23d. LOCATION (City or To	e Ad:
29	Stert L. Suoudes	Rock Ville, 1	Ad. DATE DATE	JUN 3 0 1966	REGISTRAR'S SIGNATURE ACharles Quise

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0865	5		CERTIFICA	TE OF	DEATH			086	45	
a. COUNTY	Montgomery		MARYLAND	2. USU a. Si	ATE	Where deceased live	d, if institution b. COUNT)	n: Residence	befare admi	ssion)
b. CITY OR TOWN	(If autside carparate limi	ts,	c. LENGTH OF STAY IN 1b	c. CITY		tside carparate limit	ts, write RURA	L and give n	earest tawn)
Bethes	ind give negrest town)		12 days		Stua	rt's Dra	ft	2	13.3	
	PITAL OR INSTITUTION (IF	nat in haspital,		d. STRE	ET ADDRESS				e. IS RI	ESIDENCE A FARM?
U.S.	Naval Hosp	ital		I	. O. Bo	x 262				NO [
NAME OF		irst	Middle		Last	4. DATE	Month			Year
(Type or print)	Ela	ine	Fern	JOHN	ISON	OF DEATH	June	e 1	3 1	19 66
SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE (F BIRTH	9. AGE	(In years	IF UNDER 1 Y	EAR IF UN	DER 24 HRS
Female	Cauc.	WIDOWED	DIVORCED	May 29	, 1929	37	birthday) 1	Manths D	ays Hau	rs Min.
	ON (Give kind af wark dan	10ь.	KIND OF BUSINESS OR		*	& State, ar fareign co	,		N OF WHAT	
uring most of workin	ng life, even if retired)		NDUSTRY			alls Main		COUN	TRY?	۸2
3. FATHER'S NAME					THER'S MAIDEN			1	0.5	
Newell H	I. Grant.		9.00	Ell	a Worce	ster				
S. WAS DECEASED E	VER IN U.S. ARMED FORCES	? 16	. SOCIAL SECURITY NO. 1	7. INFORMA			Address	V	irgin	า๋อ
Yes, na, ar unknawr Ve S	(If yes give war ar dates	af service)	t available M	ilton	V. John	son. Box	262 9			
yes hot available Milton V. Johnson, Box 262, Stuart lb. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)								INTERVAL		
PART I. DI	PART I. DEATH WAS CAUSED BY: Associated agusta hilatoral programming								ONSET AND DEATH	
754	IMMEDIATE CAUS	(-)	TOLICO GOGO	, DIIIC	crar pr	iculon11				
Canditians, if a	Canditions, if any, which gave) Post operative closure of atrial septic defect									
	(b) DUE TO								74.7	
stating the uni	derlying cause	Cor	genital heart	disea	ise					
										HTODEV
20a. ACCIDENT V OR CONTRIBUTII (IF EITHER, NOTI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)								19. WAS A PERFO	
5		Lant		/-					YES X	NO L
OR CONTRIBUTION	VAS UNDERLYING □ NG □ CAUSE OF DEATH	205. [DESCRIBE HOW INJURY OCCURR	ED. (Enter nat	ure at injury in	Part I ar Part II at i	item 18.)			
(IF EITHER, NOTI	FY MEDICAL EXAMINER)									
20c. TIME OF II	NJURY Manth, Day, Year				JRY (Hame, farm		ar tawn)	(Count	y)	(State)
11001	Hour a.m. While Not While factory, street, affice bldg., etc.) p.m. 19 at wark factory, street, affice bldg., etc.)									
			nded the deceased from							
saw the	saw the deceased alive on June 13 1966, and that death accurred at 945PM, from causes and an the date stated above									
22a. SIGNATUI	22a. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED									
	M.D. PHYS. DIRECTOR PHYS. 14 June 1966									
22c. PHYSICIAI NAME (Ty		gg, M.	V_{D} .		.S. Nav	al Hospit	tal, Be	thesd	a, Md	
23a. BURIAL, CREMA	TION, 23b. DATE TO	HEREOF	23c. NAME OF CEMETERY	OR CREMATO	RY	23d. LOCATION	(City or Town	1) (((ounty)	(State)
Burial Cr						Waynesb		Virgi		(5,0,0)
24. FUNERAL DIREC		1), 19	ADPRIS 7 Wis					STRAR'S SIGN		
		Funeral	L Home Bethesda	Ma	D.T.	1 1 6 400		carle	-	ce.
Robert A	. Pumphrey .	runera.	L Home Bethesde	. bM	DATERIA	1 1 6 106	a orci	well	Judg	12

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then alease remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

> VR A15 (4) 20 M 1/66

25071 U. C. Carlery Level .c. . Edul Sale . M . Care deline formerer Short arming the still ton V. Johnson, Birt 162, Street by Deet etquirent interaction exists builtings in to a constitute of the second of the property of the second of the secon social organ in imputed H.s. Havel Megathel, Betherte, Md. SAME THE COLUMN TO SERVE WITH SAME WITH A SERVE WITH A SE moder transfer anno 25, 1966 The state of the s The state of the s

Committee that you have been a second to the committee of the committee of

FOR STATE HEALTH DEPT.

Division of STATISTICA

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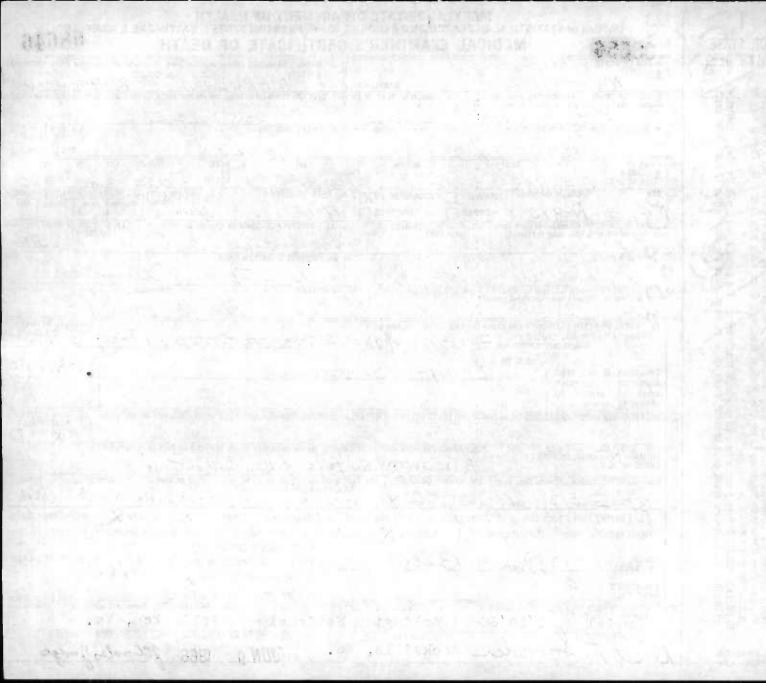
TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department. of Health or its designated agent, prior to burial, cremation, or removal, and it any event within 72 hours after death.

	MARY	LAND	STATE I	PART	MENT OF	HEAL	TH		
AL.	. RESEA	RCH A	ND RECOR	DS, 301 W	. PRESTON	STREE	ET, BALTIMO	RE 1, MARYLAND	040
D	ICAL	EXAI	VINER'S	S CERT	IFICATE	OF	DEATH	RE 1, MARYLAND)46

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. STATE 6.4 b. COUNTY
	MONTGOMERY MARYLAND	MARYLAND MONTGOMERY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearesz town)
	d MANG OF HOSPITAL OF MICHIGAN / CONTROL OF MANGE OF HOSPITAL OF MICHIGAN / CONTROL OF MANGE	d. STREET ADDRESS 0. IS RESIDENCE
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stree address)	ON A FARM?
2	NAME OF First Middle	Last 4. DATE Month Day Year
٥.	DECEASED	ONES DEATH JUNE 6 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO	B. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Igst birthday) Months Days Hours Min.
N	1ALE NEGYO WIDOWED OIVORCEO	11/21/16 49 yrs.
10a dur	. USUAL OCCUPATION (Give Kind of work done ng most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
12	FATHER'S NAME	Poolescuille, md. U.S.A.
15.	Parties stayle	14. MOTHER'S MAIDEN HAME
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Ye	s, no, or unkown) (If yes give war or dates of service)	stev - Blair Rd. Wash. D.C
	10 CANCE OF DEATH (Friedrand one cause may line for (a) (b) and (a)]	I INTERVAL BETWEEN
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: 7 rseture of Skul	1 & Mossive Cerebia / Injuly 6 days
	3533 DUE TO	
	conditions, If eny, which) (b) Epileptie Sei:	chronic_
	gave rise to immediate (
	ceuse (a), stating the DUE TO	
	underlying cause last. (c)	Les Mas autopoy
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
트	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
CERTIF	208. EXTERNAL CAUSE WAS PRIMARY POOR CONTRIBUTING CAUSE OF DEATH.	Zuic-Autting head on Tile- Fleer
EDICAL	facto	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
MED	While Wille Not while	roge. Reckville Mont. Mc.
	21. I certify that i took charge of the remains described above, he	id an Autopsy 🔀 , inspection 🔼 , Inquiry 💢 , and in my opinion
	death resulted from: Natural causes, Accident 💢, Su	icide, Homicide, Undetermined manner
	ACTUAL SIGNATURE Off B. Ball	CHIEF MEDICAL EXAMINER
	_M.D. ASSISTANT MEDICAL EXAMINER [6/6/66 22. DATE SIGNED	
	EXAMINER'S	Address (Street, city, town, or county)
23a	NAME (Type)	
200	Burial GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER' Burial 6/10/66 Arlington	77
24		25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	obert L. Snowden Robkville, M	a. OAJUN 9 1966 Acharles Judges
1 / 5		

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

VR A15ME 3500 4-64



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. There piece remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

		MARYLAND SI	IAIE DEPAR	IMENI UF	HEALIH		
DIVISION OF	STATISTICAL	RESEARCH AND	RECORDS, 30	1 W. PRESTON	STREET,	BALTIMORE 1	, MARYLANI
0.553	,	CERT	IFICATE (OF DEATH			11864

1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)							
Montcomptu	a. STATE Manufand b. COUNTY Driver Cooked							
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)							
Kensinaton 6 weeks	College Park 16-2							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
Carroll Hall Sanitarium	3422 Metzerott Road YES NO W							
3. NAME OF First Middle	Last 4. DATE Month Day Year							
(Type or print) CLARA LILLIAN	JONES DEATH June 21 1966							
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.							
Gemale White WIDOWED DIVORCED	March 27, 1878 88 yrs. Months Days Hours Min.							
1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND DF BUSINESS DR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT CDUNITY?							
during most of working life, even if retired) Nousewife None	Columbus, Georgia U.S. A.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Henry Bruce	Henrietta Patten							
	INFORMANT Address Address							
(Yes, no, or unkown) (If yes give war or dates of service) No None Wi	nston B. Jones College Park, Md.							
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) My ocar dia	& moultoner livement							
4200 DUE TO 1 2								
Conditions, If any, which) (b) ASH.D (mass twe heart les lune 10 mers.							
gave rise to immediate DUE TD								
cause (a), stating the underlying cause last. (c)								
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED BY THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED BY THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED BY THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED BY THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED BY THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED BY THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED BY THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED BY THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED BY THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED BY THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED BY THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED BY THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS	PERFORMED? YES ND							
Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU B DR CDNTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)							
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)							
p.m. 19 at work at work								
1 21. I certify that (i) (this hospital) stituliated the deceased hom	196 to 6/2/ 196 that (1) (we) last							
	death occurred at 130 pm, from the causes and on the date stated above.							
22a. SIGNATURE	ATTENDING TO MED. STAFF 22b. DATE SIGNED							
M.D. PHYS. DIRECTOR PHYS.								
22c. PHYSICIAN'S NAME (Type) HUCH W. IREV.	7/05-RIGGS RD.							
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	OR CREMATORY 23d. LOCATION (City, town or county) (State)							
Burial (Specify) June 24, 1966 Riverdale Ce	metery Columbus, Georgia							
24. FUNERAL DIRECTOR	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
Warner E. Pumphrey, Inc. Silver Spring.	Md. DATEUN 2 4 1968 Icharles Judge							
the control of the co	1 100 Mile Marie Marie							

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08658	CERTIFICATE	OF DEATH		08648	3		
	PLACE OF DEATH		ART A REPORT OF THE PARTY OF TH		tian: Residence before odmission	1)		
	o. COUNTY COMER	MARYLAND	g. STATE Md.	<i>j</i> b. cou	Montgomery			
	b. CITY OR TOWN (If outside orporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (It du	tside carparate limits, write RU	JRAL and give nearest town)			
	SILVERI SOPING							
100	d. NAME OF HOSPITAL OR INSTITUTION (If not in hery Chase Wirs	adspital, give street address) 2500.	6521 BLO	ad St Binot	e. IS RESIDE ON A FAR YES N	ENCE RM? NO		
3.	NAME OF Eirst	vord C.	Lost Josa	4. DATE Mon OF DEATH	nth Day Year 12 196	/		
	-	MARRIED NEVER MARRIED B.	PATE OF BIRTH	9. AGE (In yeors last birthday)	Manths Doys Hours	24 HRS. Min.		
gur	. USUAL OCCUPATION (Give kind of work dane ing most of warking life, even if retired) Retired Chief of Marking Indian Chief of Marking U.S. G; Gotlieb Goss	10b. KIND OF BUSINESS OR INDUSTRY Overnment	11. BIRTHPLACE (Caunty & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY?					
(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknawn) (If yes give war or dates of sen M. ○		FORMANT rill E. 3	Joss 8533 Bi	road St.	J.		
	18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o)	Cerebral Athe Generalized	evosdev	dent	interval Betwonser and De	EATH		
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE COM	IDITION GIVEN IN PART 1(a)	19. WAS AUTOF PERFORMED YES N	PSY D?		
L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (I	nter nature af injury in	Port 1 or Port II of item 18.)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19	While at work facta	OF INJURY (Home, farm ry, street, affice bldg., etc.)			tote)		
	21. I certify that (I) (this haspita saw the deceased alive an	1) attended the deceased fram 1966, and that	death accurred at	965 ta Jun 12 2120 PM, fram causes	and an the date stated	ve) la: abav		
	220-SIGNATURE by M. Bure	auh M.D	1111111	MED. STAFF DIRECTOR PHYS.	June 12, 196	6		
	22c. PHYSICIAN'S Stanley M.	Bialek	22d Appress W	isconsin Ave				
230	BURIAL CREMATION, REMOVAL (Specify) 6/13/66		Crematory		orges County	ote) , Mc		
24	The S.H. Hines	Co. 290 PRESLITH St	N. V250 RECT	BY REGISTRAR 255 25 1966	EGISTRAR'S SIGNATURE			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 09250 CERTIFICATE OF DEATH

1		-			0			UIU	UIU		
4	1. PLACE DF DEATH a. COUNTY				2. USUAL RESIDEN	CE (Where deceased li			ce before ad	lmission	
1	Montgor	nery		MARYLAND	a. STATE Mar	yland	b. COUNTY	Montgo	nerv		
d	b. CITY OR TOWN	(if outside corporate id give nearest town)	limits, c. LE	NGTH OF STAY IN 1						t town)	
	Bethesda		8	days	Rockville			15	1		
	d. NAME OF HOSP	TAL OR INSTITUTION	(if not In hospital,		d. STREET AOORESS e. IS RESIDENC						
5	Suburban H	dospital			5918 Ridge	OVA VRW			ON A F		
	3. NAME OF	Firs	+	Middle	Last	1 4. DATE	Month	Da		NO Z	
	(Type or print)	THEODORE	D.	KELLERBI		O.W	une 15		19		
			. MARRIED A NE	EVER MARRIEO	8. DATE OF BIRTH	9. AGE (In years IF oirthday) Mo	UNOER 1 YEA			
		Vhite	WIDOWED	DIVORCED	23Dec.1922	'43	yrs.	onths Days	Hours	Min.	
	10a. USUAL OCCUPATIO during most of working Machinis	N (Give kind of work do (life, even If retired) 3 t	ne 10b. KINO OF INOUSTR	BUSINESS OR	Pennsylva	county & State, or fore		12. CITIZEN COUNTR	OF WHAT		
	13. FATHER'S NAME				1 14. MOTHER'S MAI	DEN NAME					
	Theodore A	A. Kellerbe	rg		Ella Kul	nns					
	15. WAS DECEASED EVI	ER IN U.S. ARMED FOR	CES? 16. SOCIAL		. INFORMANT	3.00	Address	-		38.	
W	(Yes, no, or unkown) (I W 11 Korean			.8-5082	Elaine G. Ke	ellerberg	- Item	# 2			
		ATH [Enter only one	cause per line for	(a), (b), and (c).]				INT	ERVAL BET	WEEN	
ij	PART I. UEAT	H WAS CAUSEO BY: IMMEDIATE CAUSE (a	HEPA	ATIC C	OM A			3	DAY	12	
Ó	1992	OUE TO	0 0 0 0	-				1,	11 -	45	
	Conditions, If an		OBSFI	RUCTIV	e Jaun	DICE		11	VEE.	R	
	gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c) UN DIFFERENT IRIED CARCINOM A -SITE VNKOWA								1 11		
	underlying cause								146),	
	PART II. OTHER SIG	NIFICANTCONDITION	S CONTRIBUTING TO	O DEATH BUT NOT RE	LATEO TO THE TERMINAL	DISEASE CONDITION	GIVEN IN PA	RT 1(a) 19	WAS AU		
3	ICA							Y		NO A	
	PART II. OTHER SIG	AS UNOERLYING AS UNOERLYING AS UNOERLYING AS CAUSE OF OEATH OF MEDICAL EXAMINE	20b. OESCRIE	BE HOW INJURY OC	CURRED. (Enter nature o	f Injury In Part I or	Part II of If	tem 18.)			
	(IF EITHER, NOTIF	Y MEDICAL EXAMINE	R)								
	3 20c. TIME OF INJ	URY Month, Day, Ye	ear 20d. INJURY (ACE OF INJURY (Home, f	arm, 20f. (City or	town)	(County)	(S	tate)	
	ZOC. TIME OF INJ Hour a.m. p.m.	19	While No	t While Tac	tory, street, office bldg., e	etc.)					
		that (I) Whischesnit		descend from	120/	959 to JUN	615	10/06	h at (1) (26	PAP Incl	
		ased alive on		10 6 and th	at death occurred at	OM, from the	The sale of the sale of	1966 t			
	22a. SIGNATURE			and th	at death occurred ay.	Aim, Irom the		22b. OATE S		anove	
	WA	(LI a son	11	cant "	D. PHYS.	MEO. STA	AFF	6/16/6	6		
	22c. PHYSICIAN			111	22d. AODRESS	OIRECTOR [] FII	3.				
	NAME (Type	WALLACIN L			11125 Rock	cville Pik	e, Rock	ville,	Md.		
	23a. BURIAL, CREMAT REMOVAL (Speci:	ION, 23b. OATE TH	EREOF 23c.	NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION	(City, town	or county)	(Sta	ate)	
	Burial (Speci	h/201hh		Arlington		Arlingt					
	Tyson Wheel	er Funeral	Home-1331	AOORESS Rockvill	e Pike 25a. RE	C'O BY REGISTRAR		STRAR'S SIG	NATURE		
		Re	ockville,	Maryland	d-del/	2 0 1966	yeurs	rles Ju	de		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	03560	Tı .	uo men	CERTIFIC	ATE	ATE OF DEATH					118	65	()
1.	PLACE OF DEATH a. COUNTY	Montgomery)	MARYL	ANO	2. USUAL RESIDENCE a. STATE Ma	E (Where		ved, If Insti b. COUNT		ont		mission)
	b. CITY OR TOW write RURAL G:	N (If outside corporate II and give nearest town) aithersburg	mits,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If				e RURAL a	nd give	neares	t town)
7		SPITAL OR INSTITUTION (dress)	d. STREET AOORESS	1		10.0	4-81	θ.	IS RESI	DENCE ARM?
_		asantview 1	Vursi			Sundown							NO 🗌
3.	NAME OF DECEASED (Type or print)	First Ann	ie	Middle		King King	4. DAT	ATH	Dane		Day 2	19	66
	SEX F	Negro ,	MARRIEO [OIVORCED		Dec 7, 18	385	9. AGE (in years III inthday) N				Min.
10a dur	a. USUAL OCCUPATING MOST OF WORK Homems	TION (Give kind of work don ing life, even if retired) 교 Ke r	e 10b. Kii	ND OF BUSINESS OR DUSTRY		Maryl	-	ate, or fore	ign country)	12. CIT	IZEN O INTRY?		
13	. FATHER'S NAM	E	*			14. MOTHER'S MAIO					Υ	21	
		Unknown				Unknow	n				16.	100	
15 (Yo	es, no, or unkown)	EVER IN U.S. ARMED FORCE (If yes give war or dates of ser	S? 16. S vice)	OCIAL SECURITY NO.		INFORMANT	- T)	Address				
_	10 CAUGE OF	DEATH CEALS AS IN ASS.	1	to to the out to		ursing Ho	me n	recor	us		INTER	VAL DET	WEEN.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: DEATH WAS CAUSED BY: DEATH WAS CAUSED BY:									ONSE	VAL BET	EATH	
	Conditions, If any, which (b) Ovaling leaves									5			
	gave rise to immediate cause (a), stating the underlying cause last.												
CERTIFICATION	PART II. OTHER S	SIGNIFICANTCONDITIONS	CONTRIBUT	TING TO DEATH BUT NO	OTRELAT	ED TO THE TERMINAL D	ISEASEC	ONDITION	GIVEN IN P	ART 1(a)	19. YES	WAS AU PERFORI	TOPSY MED? NO
	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING NG CAUSE OF DEATH TIFY MEDICAL EXAMINER	20b. DI	ESCRIBE HOW INJUR	Y OCCUP	REO. (Enter nature of	injury in	Part I or	Part II of	Item 18.)			
MEDICAL	20c. TIME OF Hour a.r		while at work	JURY OCCURRED 20 Not While at work	De. PLAC factor	E OF INJURY (Home, fa y, street, office bldg., ef	tc.) 20f	. (City or	r town)	(Coun	ity)	(S	tete)
		y that (I) (this hospita	l) attende			death occurred at \$			causes a	, 19 <u>C</u>			
	22a. SIGNATUI	RE DO	Ber	le.	M.D.	ATTENDING - 1	MED.	- ST	AFF YS.	22b. DA			
	22c. PHYSICIA NAME (T)	(N'S DIA)	Bu	tler		22d. ADDRESS 2716	erl	e F	ilipor	April	gig	, Y	nd.
238	REMOVAL (Spe	NATION, 23b. DATE THE	REOF	23c. NAME OF CEM	METERY	OR CREMATORY	23d.		N (City, tov			(St	ate)
24	Buras	100 6/7/66	len R	Brooke Grand ADDRESS ockville		1 25a. REC	C'O BY RE	Layt EGISTRAR 1966	25b. REG	ille GISTRAR'S	SIGNA		
_	porey	1				DATE	U	.000				V	

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FOR STATE HEALTH DEPT.

File pages 1 and 2 with the State Department and in any event within 72 hours after death.

DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is cessary, please execute the certificate, writing the word "pending" in pencil of them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office, along with form PM3. Page 5 may be retained for your files.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND EVAMINED'S CEDTIFICATE OF

		OGODY MEDICAL EVAMINER 2	CENTIFICATE OF PEATIT	0.01
	1.	PLACE OF OEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission
		a. COUNTY NONTGOTHETY MARYLAND	a. STATE MOTIFICATA . B. COUNTY ME	ntyomery.
		b. CITY OR TOWN (If outside corporeta limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL	and give nearest town
	Pu	write RURAL end give neerest town) A Leytons Fille - Years.	Pural Laytons Ville	-15-1
	1,200	d. NAME OP HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET AODRESS	e. IS RESIDENCE
0	4			YES NO Z
	3.	NAME OF First Middle	Last 4. DATE Month &	Oey Yeer
	33	OFFICE OF PRINT) William E	King OFATH June	8 1964
	5.	7. MARKIEU HEVER MARKIEU	8. OATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	Dava Hours Min.
		M Colesed WIDOWED DIVORCED	11/10/1907 58 -yra.	Daya Hours Min.
		. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CI	TIZEN OF WHAT
	0011	Laberer-	Maryland.	WYSA.
	13.	FATHER'S NAME	LZUTE. Bright	
		Charles King		
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. a, no, or unkown) (If yes give war or dates of service)	INFORMANT Address	
H		18. GAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	- : 2 . P 1 : - 1	ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY:	nia Branchiel	2.0043_
3	0	DUE TO	11. /- 1:0	years
		geve rise to immediate	Alcoholism -	7-013
		cause (e), ateting the DUE TO		
	N	undarlying causa last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
	CERTIFICATION			YES NO Z
0	110	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury in Part I or Part II of Itam 18.	.)
	18	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.		
	3	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20c. PL		unty) (State)
	MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	ory, atreat, office bidg., atc.)	
	3	21. I certify that I took charge of the remains described above, he	eid an Autopsy , Inspection , Inquiry ,	and in my opinio
			ricide , Homicide , Undetermined manner	
			CHIEF MEDICAL EXAMINER	
		SIGNATURE John 9- 30ll	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
2	U	EXAMINER'S	OEPUTY MEDICAL EXAMINER () 8/8/6	6
0	EA	NAME (Typa)	Address (Street, city, town, or county) Y OR CREMATORY 23d. LOCATION (City, town or county)	unty) (State)
	238	REMOVAL (Spacify) (2/2//	Grove Laytonsuil	le ma
1	24	FUNERAL DIRECTOR ADDRESS		'S SIGNATURE
1	1	Collect Li Suronden Rockvillet	7d. DAUGHIN 14 1968 Achiana	es Judge
1	. 9			7 / /

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TO DEPUTY MEDIC.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. of Health or its designated agent, prior to burial, cremation, or removal,

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08652 CERTIFICATE OF DEATH 08662 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Maryland Montgomery Montgomery MARYLAND C. LENGTH OF STAY IN 16 2HRS 26MINS b. CITY OR TOWN (If autside carporate limits, c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Silver Springs d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) U.S. Naval Hospital 8385 16TH Street YES NO X Middle 4 DATE 3. NAME OF First Lost Month Day Year DECEASED 18 19 66 June Drusilla Kinnaird Kristen (Type ar print) 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 1 IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months House 26 June 18, 1966 WIDOWED DIVORCED Cauc Female 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during most of warking life, even if retired) INDUSTRY Maryland Montgomery NA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Callahan Drusilla Robert C. Kinnaird 17. INFORMANT Robert C. Kinnair diress 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Father) (Yes, no, or unknown) (If yes give war ar dates of service) 8385 16TH Street, Silver Springs, Md. NA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Prematurity with associated atelectasis and IMMEDIATE CAUSE (a) _ congenital heart disease DUE TO Conditions, if ony, which gave rise ta immediate cause (a) DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While at work at work deceased from 18 June , 18 66 to 18 June , 19 66 that (4) (we) last 19 66 and that death accurred at 8:45 PM, from causes and an the date stated abave. 21. I certify that (1) (this haspital) attended the deceased fram_saw the deceased glive and 10 June 19 66 and the saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING June 21, 1966 M.D. DIRECTOR PHYS. 22d. ADDRESS PHYSICIAN'S U. S. Naval Hospital, Bethesda, Md. NAME (Type) Ronald F. Swanger, M. D. C. (County) 23c. NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery 23b. DATE THEREOF 23d. LOCATION (City or Town) Washington, D. (State) 23a. BURIAL, CREMATION REMOVAL (Specify)
Burial /22/66 24 FUNERAL DIRECTOR S. H. Hines Funeral Home, 2901 14th St., N. W. 25g REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Washington D. C.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death by the f tely filled in by the bon papers. Poge t, within 72 hours a or removal, and in only rem physician a offending phys burial, cremation, burial-tronsit Page 4 may be retained by the hospital or attending physician. signed by as the After this certificate has be detoched far use State Dept. of Heolth director, page 3 should be filed v FUNERAL 2

VR A15 (4) 20 M 1/66 \$7.324 Jallynx Jack . 5. T Transit and project appropriate the control of the their fall off seeks First metallist. D. Toolog virus (LV) (De sample) (De sam and the man fitting the state of the state o T. G. Envel Hospital . S. C. . where a result was first and the second of the second of

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please renievel garbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deatth.

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MARYLAND STATE DEPARTMENT OF HEALTH See 3

F	STATISTICAL	RESEARCH AND	RECURDS,	301 W.	PRESTUN	SIKEEI
		CEDI	TIEICATE	OF	DEATH	

086	SION OF STA	ATISTICAL I	RESEARCH AN CER	RTIFICAT			REET, BA	LTIMORE	1, MARYL (1865	AND
1. PLACE OF a. COUNTY					2. USUAL RES	IDENCE (Who	ere deceased li		Ion: Residence	before admission)
. 4	SOMERY			MARYLAND	a. STATE			b. COUNTY	- 10-	ISES.
b. CITY DR	TDWN (if outside	e corporate limi	ts, c. LENGTH	OF STAY IN 1b		NN (If outside	e corporate	ilmits, write R		e hearest town)
write R	URAL and give ne	earest town)	4 days	4	BEITS	,			11	
d. NAME O	E Sprin	NSTITUTION (if n	ot in hospital, give		d. STREET ADD				10.	IS RESIDENCE
11 1	0	**						- Nd	- 49 5	ON A FARM?
Holy	CROSS	Hospit	AL		3129		rswille			ES ND LE
3. NAME OF DECEASED		First		ddle	Last	4. 6	DATE OF	Month	Day	Year
(Type or p		MARY		Susan	KlASE		DEATH	6		1966
5. SEX	6. COLOR	JR RACE 7. MA	RRIED NEVER	MARRIED	8. DATE OF BIRT	H	9. AGE ((In years IF U		FUNDER 24 HRS. Hours Min.
+	Wh.7	-		DIVORCED [11-10-		87	yrs.		
10a. USUAL OCC during most of	UPATION (Give kir working life, ever	nd of work done	10b. KIND OF BUSI	NESS OR	11. BIRTHPLA	CE (County &	State, or fore	ign country)	12. CITIZEN C	F WHAT
House		2	Own Home	2	P	en.	na		115	1
13. 'FATHER'S	NAME				14. MOTHER'S	MAIDEN NA	ME			
Elwood	Moyer				Hulda M	acorkl	e			
15. WAS DECE	ASED EVER IN U.S.	ARMED FORCES?	16. SOCIAL SECU	JRITY NO. 17.	INFORMANT		3	Address /	tsville	Rama
No	No		213-50-29	136 MA	s. Helen	M. Pis	apia R	eltsvil	10	e, Ma.
18. CAUS	E OF DEATH [Ent	er only one caus	e per line for (a), (b				15	GUSUN	INTER	VAL BETWEEN
	I. DEATH WAS CA	AUSED BY:	MALL		o had	2	la.		ONSE	T AND DEATH
11 7		TE CAUSE (a)	101900		el T	3-40				
Conditions	. If any, which	DUE TO	ATO	. 00	. T. C.	ali .	(Ding		
	to Immediate	(b)	man	sour	rong -	40-00	٥٠٠٥١٤٨	a pos	-ue	
), stating the	DUE TO								
	cause last.	(c)	NITO IDUITING TO DEA	THEFT	1750 TO THE TERM	INIAL DIOFACE	CONDITION	OUISN IN DAD	F 1(a)	WAS AUTDPSY
PARTII.01 20a. ACCII DR CONTR	HER SIGNIFICANT	CONDITIONS	NTRIBUTING TO DEA	THROLNOLKER	ATED TO THE TERM	INAL DISEASE	ECONDITION	GIVEN IN PAR	Γ1(a) 19.	PERFORMED?
5									YES	ND 🕰
20a. ACCII	DENT WAS UNDER IBUTING □ CAUS	LYING DEATH	20b. DESCRIBE HO	OW INJURY OCC	URRED. (Enter nat	ure of injury	in Part I or	Part II of Ite	m 18.)	
	R, NOTIFY MEDICA	L EXAMINER)								
	E DF INJURY Moi	nth, Day, Year	20d. INJURY OCCU	fact	ACE OF INJURY (Ho	me, farm, 2	Of. (City or	r town)	(County)	(State)
Hou	r a.m. p.m.	19	While Not While at work	lie —	ory, street, omce b	iug., etc.)				14.51
			attended the dece		Dan	. 1966	to_//	a 43/	10 66. the	at (I) (we) last
	e deceased aliv	MA	2 3/ 19 6		death occurred		,			
22a. SIG		c on		and the	it death boothies	A die	n, mom the		b. DATE SIG	
6	MA TE	- Ces	0.00		D. PHYS.	MED. DIRECT	OR ST	AFF	6-1-6	6
22c. PH	SICIAN'S	~ / .	7.	M.	22d. ADDRE		OK PH	13.		Thu
NAN	ME (Type) Mo	rton :	Altschult	er h.)	. 9205	NRW	Nam	ashire	Ans sa	Hime. N.
23a. BURIAL,	CREMATION, 23b	DATE THERE	OF 1 23c. NAN	AE OF CEMETER	Y OR CREMATORY	1 230	LOCATIO	(City, town	or county)	(State)
REMOVA	L (Specify)									(0.2.5)
24. FUNERAL	DIRECTOR	une s, 1	ADDE	lawn Cem	1 252	. REC'D BY	<u>ockvil</u> REGISTRAR	258. REGIS	TRAR'S SIGNA	TURE
16	COUNTY	ondo	C . A . J -	C .	venue =	1444		golia	-2 (4)	dall.
Warner	E. Pumph	rey. Inc.	. Silver	Spring.	Md. DAJ	UND	1966	fina	may her	7

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TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 And 2 should be filed with the State Dept. of Health prior to burial, cremation, of temporal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)				
Montgomery MARYLAND	a. STATE District of Columbia				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)					
Bethesda 77 Days	Washington 473				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addre					
The Clinical Center, Bethesda 14, Maryle	I ON A FARM?				
3. NAME OF First Middle	Last 4. DATE Month Day Year				
(Type or print) Hiroshi David	Komuro Death June 23 19 66				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. OATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.				
Male Japanese WIOOWED DIVORCED	6 January 1912 last birthday) Months Oays Hours Min.				
10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT				
Artist Art	California COUNTRY?				
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME				
Tokuji Komuro	Kane Miura				
	7. INFORMANT The Medical Recotto;				
(Yes, no, or unkown) (If yes give war or dates of service)					
	The Clinical Center, Bethesda 14, Maryland				
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Reticulum Cell					
2000 DUE TO					
Conditions, If any, which (b)					
gave rise to immediate					
cause (a), stating the OUE TO					
underlying cause last. (c)	FLATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 119. WAS AUTOPSY				
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT R	PERFORMED?				
100	YES X NO				
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY O OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURREO. (Enter nature of injury in Part I or Part II of Item 18.)				
	NI SOF OF INIUDA diame form OUL (Oth, or hours) (County) (Chata)				
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bidg., etc.)				
21. I certify that OX (this hospital) attended the deceased from.	7 April 1966 to 23 June 1966 that (1) (we) last				
saw the deceased alive on 23 June 19 66, and t	hat death occurred atM, from the causes and on the date stated above.				
22á. SICNATURE	12:20 A.M. 22b. DATE SIGNEO				
(Kanses H (8)01/01	M.D. ATTENDING MED. STAFF X 23 June 1966				
226 PHYSICIAN'S	22d. AOORESS The Clinical Center, National				
NAME (Type) James H. Wells, M.D.	Institutes of Health, Bethesda 14, Md.				
REMOVAL (Specify)					
Burial 6/25/1966 Columbia G	ardens Arlington, Virginia				
24. FUNERAL DIRECTOR LIVES Funeral Home 2847 Wilson Boule	vard 25a. REC'O BY RECISTRAR 25b. RECISTRAR'S SIGNATURE 494				
By: A.C. Bray Arlington, Virginia	vard DATE JUN 28 1966 Juliantes July				

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-	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	AADVI AND
1	= 01 -00	CERTIFICATE OF DEATH	18655
leath	funeral 1 and 2 r death.	1. PLACE DF DEATH a. COUNTY a. COUNTY a. COUNTY a. COUNTY a. COUNTY	lesidence before admission
24 hours after death		KORB HEARY COUNTY MARYLAND MARYLAND MONT	ComERY
Z a	Page urs a	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b C. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	and give nearest town
Pon	ed in ers. 72 ho	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	8. IS RESIDENCE
	thin 89	HOLY CROSS HOSPITAL 1703 EASTERN AVE	YES NO
within	pletel carbor nt, wi	3. NAME DF First Middle Last 4. DATE Month OF OF DECEASED (Type or print) HENCY KORB DEATH	Day Year 14 19 Calc
executéd	attending physician and completely filled in by the irmit. Then please remove carbon papers. Pages 1 n, or removal, and in any event, within 72 hours after		1 YEAR FUNDER 24 HRS
	an an e ren in ar	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
e pe	/sicia	RETIRED CAPPENTER WOOD TUSSIA	OUNTRY?
OR ATTENDING PHYSICIAN: The law requires that the death certificate	ng phy hen p noval,	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	
cer	tendir it. T	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address	
death	e att perm ion, (NO - 306-10-5201 ROSETTORB SAME A	
the the	by th nsit emat	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction	DNSET AND DEATH
that	siciar med al-tra al, cr	4 2 0 DUE TO	
ires	n sig buri buri	Conditions, If any, which gave rise to Immediate (b) Acute coronary occlusion	
redi	attending physician, has been signed been signed been such tran-tran h prior to burial, cre	cause (a), stating the DUE TO underlying cause last. Column C	
<u>a</u>	atte e has se as th pr	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ī.	ficat for u Heal	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)	YES X ND
ICIAN	the hospital or this certificate letached for us Dept. of Healt		,
PHYS	by the hospital or attending physician. Ifter this certificate has been signed by the attence detached for use as the burial-transit permit. State Dept. of Health prior to burial, cremation, or a	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (Coursell Hour a.m. p.m. 19 20f. (Not While at work at work 20f. (City or town)	unty) (State)
50.10	e retained by the RECTOR: After th 3 should be dei with the State I	p.m. 19 at work at work 21. certify that () (this hospital) attended, the deceased from 2 1968, to 6/14 1968	d, that (I) (we) las
TEN .	retained CTOR: Al S should vith the S	saw the deceased alive on 19 66, and that death occurred at M, from the causes and on the	
OR A	Page 4 may be retaine O FUNERAL DIRECTOR: director, page 3 should should be filed with the	ATTENDING MED. STAFF	ATE SIGNED
	may be AL DIR page e filed	22c. PHYSICIANS 22d. ADDRESS	117 /66
O HOSPITAL	Page 4 may O FUNERAL I director, pag should be fill	11a lubilit, M.D. 000 Persning Drive, Silver	
10 H	Sho dir	BURIAL CREMATION, 23b. DATE THEREOF 23C. NAME OF CEMETERY OR CREMATORY 23d. DCATION (City, town or countries of the contribution of the contributi	unty) (State)
	8	24. FUNERAL DIRECTOR ADDRESS 4217-0 th Cylin 25a. REC'D BY REGISTRAR 25b. REGISTRAR'	'S SIGNATURE
	R A15 (4) DM 1/65	Galdbing Flineral Name 1 - 8. 1 Co DATE JUN 17 1966 your	les Judge

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

086	66		CERTII	FICATE O	F DEATH			1)	865	6
PLACE OF DEATH					JSUAL RESIDENCE (V	Where deceased lived			re odmissi	on)
o. COUNTY	Montgomery		MAP	YLAND	o. STATE		b. COUNT		. Co	
	(If outside corporate lim	its	c. LENGTH OF STAY		ITY OR TOWN (If ou		s write RITRA			•
write RURAL o	nd give neorest town)	,			43		s, mile Koki	/ /	,	
	Bethesda		17 days			nsington		10	- IC DECI	DENZE
d. NAME OF HOSE	ITAL OR INSTITUTION (IF	not in hospito	l, give street oddress)	d.	STREET ADDRESS			- 1	e. IS RESII ON A F.	ARM?
	Suburban				4510	-Woodfiel	d Rd		YES	NO 🔀
3. NAME OF		First	Middle		Lost	4. DATE	Month	Do	γ Ye	ar
(Type or print)	Eller		Fennelly	Kre	amer	OF DEATH	Ju	ne 10) 19	66
S. SEX	6. COLOR OR RACE	7. MARRIE			TE OF 81RTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER	R 24 HRS.
777 77	171-14-	WIDOWE	اسا	Lad	3/8/95	lost	17	Months Doys	Hours	Min.
L'emale	White ON (Give kind of work don		KIND OF BUSINESS OR		BIRTHPLACE (County	9 State or foreign co	yrs.	12. CITIZEN C	E WHAT	
uring most of working	ig life, even if retired)	100.	INDUSTRY _	- ''			"	COUNTRY		
Housewif	e					ton. D.C.			U.S	.A.
3. FATHER'S NAME				14.	MOTHER'S MAIDEN	NAME				
Antho	ny Fennelly	7			Mary De	lahanty				
IS. WAS DECEASED E	VER IN U.S. ARMED FORCES	? 1	6. SOCIAL SECURITY NO.	17. INFOR	MANT	300	Address	ton St.	DI W	
Yes, no, or unknown	(If yes give wor or dote:	s of service)	17-52-822	9 21-	and A Massac	e11v/		ngton. I		
I 10 CAUCE OF	DEATH (Enter only one of	ouen per line l	for (a) (b) and (c))		2	11/1	/		TERVAL BET	TWEEN
	ATH WAS CAUSED BY:	1	or (0), (0), ond (c).)	11000	RI.T.	· Leu	kenn		NSET AND E	
25	IMMEDIATE CAUS		ince. Vo	Mille	o casa	-		a ca	v . v	112
	, -	JE TO								
rise to immedi	iy, which gove	(b)	MILL AU							
stoting the und		JE TO								
lost.)	(c)	ALL DE SA							
PART JA OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING	G TO DEATH BUT NOT RE	LATED, TO THE TI	RMINAL DISEASE-CON	IDITION GIVEN IN PA	ART 1(o)	19	. WAS AUT	OPSY
5 11.	mounts	12.11	Terol ou	d mu	andran	danter	mel		YES T	NO Z
200 ACCIDENT M	AS UNDERLYING	1 20h	DESCRIBE HOW INJURY O	CCUPPED (Enter	noture of injury in	Port I or Port II of i	tom 181	occuse	163	110
OR CONTRIBUTION	IG CAUSE OF DEATH	205.	DESCRIBE HOW INSORT	OCCORACID. (LITTE)	notice or aduly in	ron i oi ron n oi i	rem ro.;			
(IF EITHER, NOTII	Y MEDICAL EXAMINER)		WHITE OF COMME		Industry di	L and		10	10.00	16
20c. TIME OF IN	IJURY Month, Doy, Yeor	20d Wh	. INJURY OCCURRED		INJURY (Home, form reet, office bldg., etc.)		or town)	(County)		(Stote)
11001	o.m. 19	ot w	ork of work	Toctory, s	/					
21. I cer	tify that (1) (this he		ended the deceased	fram		963, ta V	lue 1	19.66, 1	hat (I) (WE Las
	deceased alive an_		-10 196G,	and that de	ath occurred at	610 M, from	n causes a	nd on the do	te state	d abave
220. SIGNATUR		9/	1 11	1				225 DATE SIG		
1	e our. A	1-110	ulillely		ATTENDING CHYS.	DIRECTOR	PHYS.	Drue 1	10 /	9/1
22c. PHYSICIAN	rs -		11 11		22d. ADDRESS	DIRECTOR L	1113.	y june	1-11	0 0
NAME (Ty	De) GEO	PRGE	H MITCH	HELL			6			
1					17004	Tool tost	16:- *		,	
 BURIAL, CREMA REMOVAL (Special 	TION, 23b. DATE T		23c. NAME OF CEM	1	10	23d. LOCATION	Lity or low	n) (Count	y) (S	Stote)
REMOVAL (Spec	"AL June	14 19		y ton		ar	ungi	on.	Vivi	ma
24. FUNERAL DIRECT	TOR O	10	ADDRESS			BY REGISTRAR		ISTRAR'S SIGNATU	4	
21.11	7-124	10 V a	202 11/2	11.	7/1/ 017 111	M 1 C 101	in m	7/1 1-	0 10	

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician ond completely filled in by the funeral director, page 3 should be detached for use os the buriol-tronsit permit. Therefoese remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removel, and in any event, within 72 hours after depth. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours ofter deoth. Page 4 may be retoined by the hospital or ottending physician. VR A15 (4) 20 M 1/66

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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	Division of STATISTICAL R	ESEARCH AND RECORDS,	PARTMENT OF HEALTH , 301 W. PRESTON STREET, BALTIMORI	E 1, MARYLAND
	08 563 MEDIC	CAL EXAMINER'S	CERTIFICATE OF DEATH	08657
1.	PLACE OF DEATH a. COUNTY MONTGOME	er y MARYLAND		Mustgimery
100	b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)	14-00-	c. CITY DR TOWN (If outside corporate limits, write Silver SPring	15-1
	d. NAME OF HOSPITAL OR INSTITUTION (If no	A	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
M	Wide Nater- on-C1		8828 Lanier Da	YES ND
	NAME OF DECEASED (Type or print)	Po Dert	Kunkel 4. DATE Month	2 4 1966
	M. W. WIDO	RRIED NEVER MARRIED 8	8/8/1926 last birthday) 39 yrs.	
US	ing most of working life, even if retired) S Army EM	10b. KIND OF BUSINESS OR INDUSTRY	Pennsylvania	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	ENRY HERMAN KUNKEL (LIV		AGNES CLARA DOERR (LIVING	7104 Sycamore Av
¥15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? st. no, or unknown) (If yes give war or dates of service)		NRY S KUNKEL/BROTHER/	Takoma Park, Md.
	18. CAUSE DF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			interval between donset and death
ON	cause (a), stating the DUE TO underlying cause last.	ITRIBUTING TO DEATH 8UT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN F	PART 1(a) 19. WAS AUTOPSY
ERTIFICALI	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		PRRED. (Enter nature of Injury In Part I or Part II of	YES YES THE PERFORMED? YES TO THE PERFORMED?
MEDICAL C	20c. TIME OF INJURY Month, Day, Year 2	20d. INJURY OCCURRED 20e. PLAC factor while Not While it work at work	CE DF INJURY (Home, farm, 20f. (City or town) ry, street, office bidg., etc.)	(County) (State)
	21. I certify that I took charge of the death resulted from: Natural causes		Id an Autopsy, Inspection, Inqui icide, HomicIde, Undetermined CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE John B.	Ball	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22. DATE SIGNED
	EXAMINER'S JOHN G. BALL,	MD	Address (Street, city, town, or county)	0/66
	BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 6-8-196. FUNERAL DIRECTOR	6 23c. NAME OF CEMETERY ADDRESS	TON NATH FT MY	own or county) (State) ER EGISTRAR'S STANATURE

VR A15ME 3500 4-64

a bravity and W.A. SETTI DERM MAIN STREET (DOLLA) JERUM LABER TUTLE . Michael Chair

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

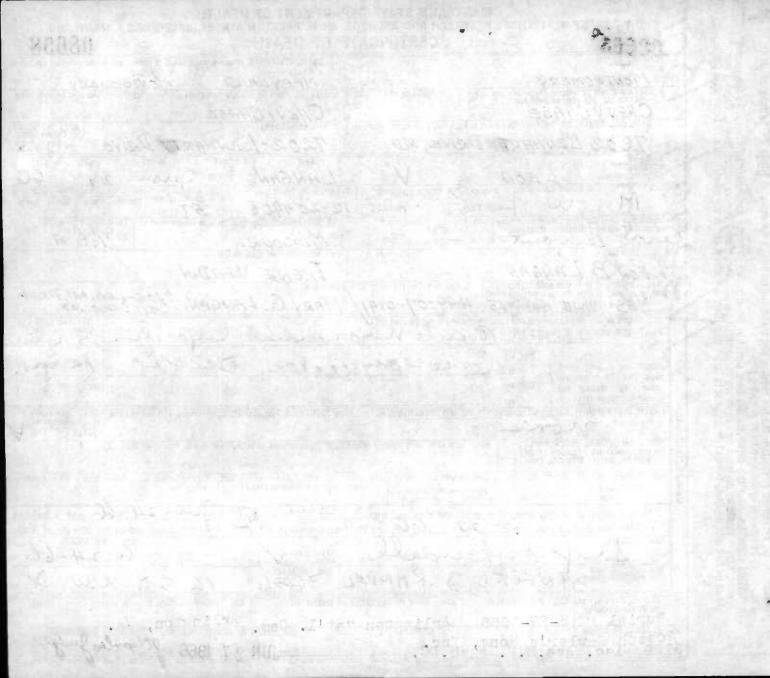
1	02855	CERTIFICATI	E UF DEATH		110008
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where		n: Residence before admission)
	MONTGOMERY	MARYLAND	a. STATE	b. COUNTY MENTGO	aue al
	b. CITY OR TOWN (If outside corporate Ilmit	ts, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside of	corporate limits, write RU	RAL and give nearest town)
	Write RURAL and give nearest town)		CHEVICHOS	E	12-1
-	d. NAME OF HOSPITAL OR INSTITUTION (If n	ot in hospital, give street address)	d. STREET ADDRESS	frame.	e. IS RESIDENCE
	Man I Ellings	77	Hono /	MART DO	ON A FARM?
=	IN ON LENITHK!	DRIVE, MD	10000	HART VRI	
3.	NAME DF FIrst DECEASED	Middle	Last 4. DA1	0	Day Year
-	(Type or print) LEON	V.	LANGAN DE	7000	24 1966
3.	SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNI	
		OWED DIVORCED	12-20-1908	57 yrs.	
10:	a. USUAL OCCUPATION (Give kind of work done ring most of)working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & St	ate, or foreign country) 12	COUNTRY?
10	evil Jewout		MISSOURI		U.S.A.
13	. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
11	LEON B. LANGAN		IRENE VEI	e DIN	
	. WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Address	alunas Davis
1 (X	es, no, or unkown) (If yes give war or dates of service	499-07-0101/	MARY G LAW	GAN, 7202-L	ENHART DRIVE HASE, MD-
=	18. CAUSE OF DEATH [Enter only one cause	e per line for (a), (b), and (c).]/	Tilley or a train	THEY CALLY CO	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: /	Printo Nima	To lind	u bulin	ONSET AND DEATH
	1 1 IMMEDIATE CAUSE (a)	grace 100 pc	aras -	2000	- 5 man
10	DUE TO	a source	a Tai D	ilenso	15 yr
	Conditions, if any, which gave rise to immediate (b)	00000	array o		10
	cause (a), stating the DUE TO				
z	underlying cause last. (c)			OND IS ON OUT ON ON ON ON	I/O WAS AUTODSY
5	PART II. OTHER SIGNIFICANT CONDITIONS COI	NTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASEC	ONDITION GIVEN IN PART 1	19. WAS AUTOPSY PERFORMED?
FICA	Voice				YES NO
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in	Part I or Part II of Item	18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
EDICAL	20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f	. (City or town)	(County) (State)
	Hour a.m.	While Not While at work	ry, street, office bldg., etc.)		
2	21. I certify that (I) (this hospital) a		1000 100	June 24,10	966, that (I) (we) las
1	saw the deceased alive on		death occurred at AM,		on the date stated above
	22a. SIGNATURE	O allu tilat	rueatii occurreu ate 21 m,	22b	DATE SIGNED
	1 autout 1	Koudall M.D	ATTENDING MED.	STAFF G	-24-66
	22c, PHYSICIAN'S	- O 11/2	22d ADDRESS	L FRIS.	
	ANAME (Type) SANFOR	D J. KANDAL	4 3636	1650.	N.W DC
23	a. BURIAL, CREMATION, 23b. DATE THEREC	OF 23c. NAME OF CEMETERY	OR CREMATORY 23d.	LOCATION (City, town or	county) (State)
	REMOVAL (Specify)		Δη		
24	FUNERAL DIRECTOR	ADDRESS	25 CRECOD BY RE	Lington V	YAR'S SIGNATURE
	oseph Gawler's Son	Inc.		man min	wes Judge
5	130 Wisc. Ave.N.W.	wash.Du.	DATEJUN 2.7	1966	4 9

VR A15 (4) 15M 4-64

TO GOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

O GOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH

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		Chevy Olase	e.	Chevy Chase
	13°2107°	4790 Bradley Bould		. 746 Eradiev Boulevar
	JUNE 21	MILINOUA.1	.9	2020-1
	10 16	August 6, 1896 68		Cle Caucteian
	VSI	awol ayA .na	.ivovj	tty Fed. Trade Comm
		Belle Hass		Weldon Laughlin
Sem	en en en e	iv-ningool.h,d.enk	200-38-38-000	HWW & LWW LeaY

June 22, 1006

Alex M. Costro, P. C. 11125 Rockville Pike, Nockville, Md.

STATEV FOR HEALTH DEPT

permit. File pages 1 and 2 with the State Department removal, and in any event withm 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1.	PLACE DF DEATI	H			2. USUAL RESIDEN	CE (Where deceased lived, If	institution: Re	sidence before	admission)
		a. COUNTY M	ontgomery		MARINAND	a. STATE Maryland b. COUNTY Martager				
	-	b. CITY OR TOW	N (if outside corpora	te Ilmits.	MARYLAND 1 c. LENGTH OF STAY IN 1b	II)	outside corporete limits,	write RURAL	and give near	rest town)
		write RURAL Beth	and give nearest too esda (rura	Yn)	DOA		hesda	14	- /	,
	_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)				d. STREET ADDRESS		70		ESIDENCE
9		U.S.	Naval Hosp	ital		7563 Spri	ng Lake Dr. A	pt. C2	YES T	NO X
	3.	NAME DE	4. DATE MC	onth	Day Y	rear				
1		(Type or print)	Fran	k	Ashton	LEAMY	OF DEATH June		24 19	9 66
	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yea	rs IF UNDER 1		ER 24 HRS.
9		male	Cauc	WIDOWED	DIVORCED	May 13, 190	0 66 yrs		Days Hour	s Min.
	10a	USUAL OCCUPAT	ION (Give kind of work	done 10b. K	AND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (S	tate or foreign country)		TIZEN OF WHA	AT
	Gui	U. S. C	oast Guard	Gov	ernment	Philade	lphia, Penn	00	USA	
	13.	FATHER'S NAM				14. MOTHER'S MAIL			O La .	
		Frank L	eamy			Laura M	Weckerly			
			EVER IN U.S. ARMED FO (If yes give war or dates of		SOCIAL SECURITY NO. 17.	INFORMANTApt.	C2, Bethesdad	JreMaryle	and	
	,,,,	yes	1924-1960		0		. Leamy, 7563			Dr.
		18. CAUSE OF	DEATH [Enter only on		Ine for (a), (b), and (c).]				INTERVAL E	BETWEEN
		PART I. DE	EATH WAS CAUSED BY IMMEDIATE CAUSE	(:	Myocardia	01. 71.701	ct/017.		ONSET AND	
		420		TO						
		conditions, if any, which \ (m) COTODETH OCCIUSION.								
	PUL TO									
		underlying cause last. (c) Cardio Vescular Disease Years								٥.
	NO									AUTOPSY ORMED?
7	CAT								YES 🔛	NO 🗌
-	E	20a. EXTERNA	L CAUSE WAS CONTRIBUTING [20b.	DESCRIBE HOW INJURY OCC	URRED. (Enter nature o	f Injury In Part I or Pert I	I of Item 18.)	
	MEDICAL CERTIFICATION	CAUSE OF DEAT	H.							
	CAL		INJURY Month, Day,	Year 20d. I	facts	ACE OF INJURY (Home, fabry, street, office bldg., e	arm, 20f. (City or town)) (Coul	nty)	(State)
	4EDI	Hour e.r		While at wor	MOT MULIE	31), 3 (1 ce t, 0 iii ce bidg., e				
		21. I certify	that I took charg	e of the rem	nains described above, he	ld an Autopsy X,	Inspection X, Ir	nquiry X,	and In m	y opinion
		death result	ed from: Natura	I causes X	, Accident , Su	icide , Homici	de , Undetermin	ed manner		
			1			CHIEF MEDICA	L EXAMINER			
		ACTUAL SIGNATURE	John	D. 13	sel .	M.D. ASSISTANT ME	DICAL EXAMINER		22. DAT	ESIGNED
^		EXAMINER'S				DEPUTY MEDIC	CAL EXAMINER	25	June 1	066
1		NAME (Type)				Address (Stree	t, city, town, or county)			.900
	23a		ATION, 23b. DATE	THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (CITY			(State)
	E	REMOVAL (Spo		-1966	Arlington Na					
	24.			5120	Wisconsin Ave		*****	REGISTRAR'S		1 - 4
	1	100 27-		Mag	hington, D. C.	DATE	JUN 30 1966	Jelio	rees for	egge
	6	5130	Wisconsin "	we mas	CLINE OUTLY DE U.				H	

VR AISME (5) 5M 1/65

TO DEPUTY MEDICAL

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit of Health or its designated agent, prior to burial, cremation, or

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay incessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

(Inser) St. fell and mate " eleup.mrweed Books Coleres The state of the s right of the state A STATE OF THE STA CASE LEARED MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ORDNE 166 OF DEATH CERTIFICATE within 24 hours after death. funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland a COUNTY Montgomery MARYLAND after by the tu Pages b. CITY OR TOWN (If outside corparate limits, c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 papers. Page hin 72 hours o write RURAL and give nearest tawn) 14 mos. Stevensville Wheaton d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2 R.F.D. #1. Box 52A University Nursing Home YES NO T 3. NAME OF Middle 4. DATE ¥. First Manth Year remave carban campletely DECEASED LEWELLEN 1966 (Type ar print) DEATH event, executed IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Days Hours WIDOWED DIVORCED 6/7/1883 In any White Female 828 3 Yrs 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (Caunty & State, or foreign country) during most af warking life, even if retired)

Housewife INDUSTRY COUNTRY? certificate Fayette Co.. Penn. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME a ar remova Then emm ornia WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMÁNI Address permit. (Yes, no, ar unknown) (If yes give war ar dates of service) none crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) be retained by the haspital or attending physician. DUE TO signed burial, the cardinascular disease Canditians, if any, which gave rise to immediate cause (a). DUE TO priar to stoting the underlying cause the last. SD 19. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO certificate d 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) After this Hour o.m. factory, street, affice bldg., etc.) While Not While at work at work 21. I certify that (1) (this hospital) attended the deceased fram - 30 1966, that (1) (we) last -26 1904, and that death accurred at 310 M, from causes and an the date stated above. DIRECTOR: saw the deceased alive an_ 22b. DATE SIGNED 220 SIGNATURE STAFF PHYS. ATTENDING M.D. TO HOSPITAL Page 4 may b 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL Morrill C. Quinnam NAME (Type) 2731 Conn. Ave., N. W., Washington, DC directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) REMOVAL (Specify) 24. FUNERAL DIRPETOR 25b. REGISTRAR'S SIGNATURE. REC'D BY REGISTRAR 1966 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	02672			CERTI	FICATE	OF DEATH			18662
	LACE OF DEATH 1. COUNTY MC	ntgomery		MAF	RYLAND	2. USUAL RESIDENCE (V	Where deceased lived, if insti Land b. CC	tutian: Residence DUNTY Prin	befare admission) ace Georges
ı	o. CITY OR TOWN (I	f autside carparate limit give nearest town da (rural)	,	c. LENGTH OF STAY	IN 1b		tside carparate limits, write l sville		
· ·	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) U. S. Naval Hospital					d. street address 7459A 80th	Avenue		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED Type ar print)	Fii Lori	st	Middle Anne		Light	OF DEATH Ju	ne 21	Day Year 19 66
5. S	emale	6. COLOR OR RACE Cauc.	7. MARRIED [WIDOWED [NEVER MARRI	[June 20, 196	9. AGE (In years last birthday) yrs.	Manths D	Pays Hours Min.
	USUAL OCCUPATION ng most of warking	(Give kind af wark dane life, even if retired)		D OF BUSINESS OR			& State, or foreign country) Maryland		EN OF WHAT
13. FATHER'S NAME William Edgar Light 14. MOTHER'S MAIDEN NAME Linda Anne Mowatt								MEN'E	
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates of	f service) 16. So	ocial security no.		NFORMANT			sville,Md.
	PART I. DEAT 7625 Canditians, if any, rise to immediat stating the under last.	which gave e cause (a),	(o) Atel TO (b)	a), (b), and (c).) ectasis k	oilate	eral, second	lary to prema	turity	INTERVAL BETWEEN ONSET AND DEATH
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT RI	ELATED TO 1	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES XX NO
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter nature af injury in	Part I ar Part II af item 18.)		
MEDICAL	20c. TIME OF INJU Haur a.r p.r	JRY Manth, Day, Year n. n. 19	20d. INJ While at wark	Nat While at wark		CE OF INJURY (Hame, farm ary, street, affice bldg., etc.)		(Caun	ty) (State)
	21. I certi	fy that (\$) (this has	pital) attend June 21	ed the deceased	d fram_J and tha	t death accurred at	9.66 to June 445P M, fram cause	21, 19 <u>66</u> es and on the	that (%) (we) lase date stated above
	22a. SIGNATURE	Ance	ella		M.I	7 11101	MED. STAFF PHYS.	June	e 21, 1966
	22c. PHYSICIAN'S NAME (Type		. Mella				l Hospital,		a, Maryland
23 0	BURIAL, CREMATIC	ON, 23b. DATE TH		23c. NAME OF CEA			23d. LOCATION (City or Arlington,	Town) (0 Virgin:	County) (State) ia
		R Pumphrey			Servie	JU	N 2 4 1966	REGISTRAR'S SIG	NATURE SUSGE

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages, I and should be filed with the State Dept. at Health priar ta burial, cremation, ar removal, and in any event, within 72 haurs after dept Page 4 may be retained by the haspital ar attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOTITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

0.8663

	CERTIFICATE	UF DEATH	003
1.	1. PLACE OF DEATH 2.	. USUAL RESIDENCE (Where deceased lived, If institution: Ro	esidence before admission)
	a. COUNTY	a, STATE b. COUNTY	rice Gara
-	b. CITY OR TOWN (if outside corporate/limits, c. LENGTH OF STAY IN 1b c.	rylatyland rylowt	
-	write RURAL and give nearest town)	. CITY OR TOWN (If outside corporate limits, write RURAL	and give neares town)
-	Jakoma rark Jamo a 2015	la Koma lark	10-2
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	. STREET ADORESS	e. IS RESIDENCE ON A FARM?
1	Washington Sanitarium + Nospilli	202 Lebawon St. Hpt	YES NO P
3.	DECEASED	Last 4. DATE Month	Day Year
E	5. SEX 6. COLOR OR RACE 7. MARRIED MARRIED MARRIED 1. 8	ILLEY DEATH JUNE	5 1966
3.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 8.	DATE OF BIRTH 9. ACE (In years IF UNDER : last birthday) Months	Oavs Hours Min.
10	re White WIDOWED DIVORCED	4-25-03 63yrs.	
dui	10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) INDUSTRY		TIZEN OF WHAT UNTRY?
13	13. FATHER'S NAME	YYICH I G Q W H	mercia
	TERIAL BOLLOW	Mary Deina ()	
15	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF	FDRMANT Address	
CA	(Yes no) or unkown) (If yes give war or dates of service) 174-03-8457 1	spital Peruda	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. OEATH WAS CAUSED BY:	1. 1. 1.	ONSET AND DEATH
	IMMEDIATE CAUSE (a) Chydlatrow - IV	TALNUTRINON	
	17+X DUE TO	0	A-m
П	Cenditions, If any, which) (b) Gences Lized	(anoinomatos 55	Two months
	gave rise to Immediate cause (a), stating the OUE TO		
_	underlying cause last. (c) Holean (910)	una OTTAUS	
ě	PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
S	CAT		PERFORMED?
E	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of Injury in Part I or Part II of Item 18.)	
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
봉	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE (OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
MEDICAL	Hour a.m. While Not While factory, s	street, office bldg., etc.)	
Σ			/ /
	21. I certify that (I) (this hospital) attended the deceased from		Cthat (I) (we) last
	saw the deceased alive on 10 / 19 / 5, and that de	eath occurred at 4 2 M, from the causes and on the	e date stated above.
	22a. SIGNATURE	ATTENDING MED. STAFF	TE SICNED
		PHYS. OIRECTOR PHYS.	re 6,1966
	NAME (Type) PALATAD T CANANANCH	22d. APORESS	0
	ROLLAND J. CAVANAUGH		Ta
238	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City, town or cod	ĝty) (State)
10	Germonal (Specifical Type & 1966) New Rosemon	riam, oppy De	mual.
24	2A. FUNDRAL DIRECTOR AOORESS OF NO	25a. REC'O BY RECISTRAR 125b. RECISTRAR'S	SICNATURE
1	Themen - 724 parties 11 18 14 1	C all N 9 1966 Icharles	Judge
-	UNSITY	1300 /	1

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(2)	0867	4		CERTI	FICATE	OF DEATH			11866	4
funeral s 1 and 2 ter death.	PLACE OF DEATH O. COUNTY	Montgomery		MAI	RYLAND	2. USUAL RESIDENCE (No. STATE New	Where deceased live York	d, if institution: R b. COUNTY	esidence before ac Queens	(mission)
Poges	b. CITY DR IDWN write RURAL on Silver St	(If autside carparate limits id give nearest tawn) Oring	,	c. LENGTH OF STAY	IN 1b	c. CITY DR TOWN (If au New York		s, write RURAL ar	69	3
lled in 1 sopers. in 72 ho	d. NAME DF HOSPI	TAL OR INSTITUTION (If no Nursing Hor		ive street address)		d. STREET ADDRESS 123 - 60	83rd Ave	nue		RESIDENCE N A FARM? NO
orbon pope orbon pope ort, within 7	3. NAME OF DECEASED (Type or print)	Fir LO		Middle		LITOFF	4. DATE OF DEATH	Month June	Day 24	Year 1966
ev a	S. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRI		DATE OF BIRTH une 2, 1886	9. AGE		INDER 1 YEAR IF	UNDER 24 HRS.
ose rer nd in a	10a, USUAL OCCUPATIO during most of warking Contra	N (Give kind af wark dane life, even if retired)		ND OF BUSINESS OR DUSTRY Binting		11. BIRTHPLACE (County Mary		untry)	12. CITIZEN OF WE COUNTRY?	IAT A
physici en ple ovol, a	13. FATHER'S NAME Sam I					14. MOTHER'S MAIDEN Rebecca		2		
the ottending physician and composite permit. Then please remover mation, or removal, and in any every and the second sec	15 WAS DECEASED BY	ER IN U.S. ARMED FDRCES? (If yes give war ar dates o	f service) 16. 5	SOCIAL SECURITY NO.		FORMANT s. Lillian			E. 28th	St.
igned by ourial-tran	18. CAUSE OF D	NEATH (Enter only one country was caused by: IMMEDIATE CAUSE DUE y, which gave te couse (o),	se per line for (a) TO (b)	(a), (b), and (c).) Eccis esternou	te de	compensa	tion		INTERV	AL BETWEEN AND DEATH
ficate hos been s for use as the k f Health prior to t	PART II. OTHER S	GIGNIFICANT CONDITIONS CO	(c) (AYA) ONTRIBUTING T	O DEATH BUT NOT R	ELATED TO TH	IE TERMINAL DISEASE COI	NDITION GIVEN IN P	ART 1(o)	19. WA PER YES [S AUTOPSY RFORMED?
TOOUT	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY	OCCURRED. (I	inter noture of injury in	Port I ar Part II of	tem 18.)		
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OR: After ould be dithe Stote	saw the c	ify that (1) (this hos deceosed alive on	pital) otten	ded the deceased	d from and that	death accurred at	19.66 to 11/224M, for			
5 FUNERAL DIRECTOR: After this ce director, page 3 should be detoche should be filed with the State Dept.	22a. SIGNATURE 22c. PHYSICIAN	withleha	maple	haperale	reask		+323 Hava	STAFF CHYS. C		
UNERA CHOIC PORTING TO CHOICE	NAME (Type 23a. BURIAL, CREMATI	ION. 23b. DATE THE		Laney	METERY OR C		Spring,	Maryland (City or Town)	(County)	(State)
dire sho	REMOVAL (Specif Burial 24. FUNERAL DIRECTION	(Y) 6-26-6	6	Nat'l Me	emoria			Church	Va.	
VR A15 (4)	Goldberg	Funeral Hor	ne 42	17 Oth St	N	TAT DATE	11N 97 4	occ m	11-11-11	

Poge 4 moy be retained by the hospital or ottending physician. VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.

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1 M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH (18665)
death. funeral and 2 r death.	PLACE OF OEATH
after y the ges 1	b. CITY DR TOWN (if outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)
d within 24 hours ampletely filled in by Carbon papers. Pagentawithin 72 hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
T 0.=	Holy Cross 3834 Harrison St. YES ND X 3. NAME DF First Middle Last 4. DATE Month Day Year
executed within and completely remove Carbon and eventually any eventually	OECEASED (Type or print) Anders R. Lofstrand DEATH 6 26 19 66
com ve com	5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
execute and con emove any ev	M WIDOWED DIVDRCED May 23, 1886 last birthday) Months Days Hours Min.
be e)	1Da. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	manufacturer heavy duty Stockholm Sweden USA
certificate ding phys	13. FATHER'S NAME
ertifica ding pl Then remova	Anders Lofstrand -
と	15. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SDCIAL SECURITY NO. 17. INFORMANT 1915 Rookwood Rdess Silver Spring, 10. SDCIAL SECURITY NO. 17. INFORMANT 1915 Rookwood Rdess Silver Spring, 10. Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
that the ysician. I was the land that the identity that the rial transit rial, creman	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (A cut my vaided in parties musule
requires that the ding physician. been signed by the the burial-transit or to burial, crema	4201 DUE TO be eval of a Serie Confine Many
uires g ph en si bur	gave rise to immediate (b) Seulralized auteu o clerous glass
requir ding p been the b or to b	cause (a), stating the DUE TO underlying cause last.
The law requires that or attending physician are has been signed tuse as the burial-trainalth prior to burial, cr	
PHYSICIAN: The the hospital or a this certificate detached for use bept. of Health	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) 2Da. ACCIDENT WAS UNDERLYING
- 1	ZDc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. (City or town) 20f. (City or town)
ATTENDING retained by CCOR: Afte, Schould be vith the Star	21. I certify that (1) (this hospital) attended the deceased from May 19 65 to June 26 19 66 that (1) (we) last
TTE!	saw the deceased alive on June 22 19 66, and that death occurred at of M, from the causes and on the date stated above
AL OR ATTEN nay be retaine L DIRECTOR: page 3 shoul filed with th	22a. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED G-26-66
RAL RAL	22c. PHYSICIAN'S NAME (Type) ABRAHAM W. DANISH 106 SPRING 57. 5.5. Md.
O HOSP Page 4 O FUNE directo should	23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State)
7 7 8	Burial June 28, 1966 Parklawn Rockville Maryland
0	24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Robert A. Pumphrey Bethesda, Maryland BATE LINE OF 1966 Policy Judge
VR A15 (4)	Robert A. Pumphrey Bethesda, Maryland DATE JUN 29 1966 Markey Junge

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Robert A. Bumphrey Schoeste, Maryland

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		08676	CERTIFICATE	OF DEATH		08666
)		place of Death o. COUNTY MONTGOMERY	MARYLAND	a. SMaryla		Laumery
,	I	b. CITY OR TOWN (II outside corporate limits/ write RURAL and give gearest town) A ROMA FOR HOSPITAL OR INSTITUTION (If nat in h	C. LENGTH OF STAY IN 16 D. O. A	c. CITY OR TOWN (V outside	e corporate limits, write RURAL and o	give Ineorest Town)/ /5 - / e. IS RESIDENCE
9	V	Vashington San	+ Hospital	730 Tho	yer Aue	ON A FARM? YES NO
	0	NAME OF First DECEASED (Type or print) SEX 6. COLOR OR RACE 7. M		Lost 4. AGE DATE OF BIRTH	OF DEATH	Day Year 19 — 19 6 6 ER 1 YEAR 1F UNDER 24 HRS.
	F	Emale White W	DOWED DIVORCED	2-26-1899	9 last birthday) Months	
	durii	. USUAL OCCUPATION (Give kind af wark dane ing most of working life, even if retired)	Dept Store	11. BIRTHPLACE (Coupty & St	1	COUNTRY?
		Edward Jones	·	14. MOTHER'S MAIDEN NAM	Duley	
	1S. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? is, no, or unknown) (If yes give wor or dotes of serv	(e) 220 07 3477	S Ruth Oates	728 thayer	Lue. Sihersing
		18. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (of) (b), and (c)) (Courte Os	thma		INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave (b) (b) rise to immediate cause (a).	Chr. astr	muel		15 yre.
		stoting the underlying cause DUE TO (c)	Tuephyse	wen -		15 Ggs.
7	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI				PERFORMED? YES NO
	MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (
	MEDICA	20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19		E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(Caunty) (State)
		21. I certify that (!) (this haspital saw the deceased alive an	attended the deceased fram	death accurred at	M, from causes and ar	
3		Mousis Lee	harden M.E	11110		Prof 66.
			Richardson, M.D.			iton, Md.
			1966 9t. Lincoln C	emetery	23d. LOCATION (City or Town) Prince Georges (
		Tuneral Director Coma	8434 Georgia A	venue III	REGISTRAR 2Sb REGISTRAR	SIGNATURE COS JUNGEL

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Summer K. Landerson C. B. 1942 Search E. J. Miller St. A. Santal

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VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA CERTIFICATE OF DEATH

1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Montgomery MARYLANO	a. STATE Maryland b. CDUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Silver Spring 2 days	Silver Spring 15-1
d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 9. 15 RESIDENCE
Holy Cross Hospital	11443 Lockwood Drive YES NOW
3. NAME DF First Middle	Last 4. DATE Month Oey Year
	arinaccio DEATH June 22 1966
70.00	8. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Jemale White WIOOWED ☑ OIVORCEO ☐ ;	7 Aug 1896 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Own Home	Istaly U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Aiello	Josephine Perricone
	INCOMMANT
(Yes, no, or unknown) (If yes give war or dates of service) None 579-22-1923	rs. Robert Mazzolini Wheaton, Md.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	1 INTERVAL BETWEEN
PART I. OEATH WAS CAUSED BY:	Nemarches ONSET AND DEATH
IMMEDIATE CAUSE (a) Cultural	
Conditions, If any, which	Gran.
gave rise to immediate	- Cutan
cause (a), stating the OUE TO underlying cause last.	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
ANT II. OHIER STANT TO ANT TO ANT THE PARTY OF THE PARTY	PERFORMEO?
2Da, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	VES NO
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	MACO. (Eliter Hattie of Injury in Part I of Part II of Item 20.)
7	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While at work	vy, street, onice bidg., etc.)
	6/20 1966 to 6/22 1966 that (1) (we) last
	t death occurred at 2. M, from the causes and on the date stated above.
22a, SIGNATURE	22D. DATE SIGNED.
X accordationes M.O.	ATTENOING MED. STAFF 6/22/66.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Lawrence 2. Thomas	1712 Eye St., N. W. Washington, D. C.
23a. BURIAL, CREMATIDN, 23b. OATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial June 24, 1966 Arlington Nati	ional Cem Arlington, Virginia
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Warner & Pumphrey Inc. Silver Spring.	Pare JUN 27 1966 fellowles Judge
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-	08678	BINISION OF STATIST			E OF DEATH			086	68
1	L CITY OD TOWN /	ONTGOMERY If autside corporate limits, If give neorest town) OL	NEY	MARYLAND c. LENGTH OF STAY IN 16 3 OAYS	2. USUAL RESIDENCE (1 o. STATE MARY L. c. CITY OR TOWN (If at ROCKV	ANO utside corporat	b. COUN	MONTGO	MERY
0		ALOR INSTITUTION (IF not			d. STREET ADDRESS		LINCOLN	PARK	e. IS RESIDENCE ON A FARM? YES NO X
1	NAME OF DECEASED (Type or print) SEX	Firs E D 6. COLOR OR RACE		Middle LOUISE NEVER MARRIED	Last MARTIN 8. DATE OF BIRTH	4. DATE OF DEATH 9.	Manth 6 AGE (In years last hirthday)	4	
10a.	EMALE USUAL OCCUPATION ing most of working HOUSE	NEGRO (Give kind of work done life, even if retired) WIFE		DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	3-19-16 11. BIRTHPLACE (County MARY LAN	D	last birthday) 50 yrs. eign country)	12. CITIZEN OF	F WHAT
		AMES BRUNNE RINU.S. ARMED FORCES?		SOCIAL SECURITY NO. 17	14. MOTHER'S MAIDEN FRANCE		K E N S	SS .	
	PART I. DEA! 5 8 10 Conditions, if any, rise to immediat stating the unde last.	, which gave (e cause (a), PUE 1	(a) <u>Acut</u> 10 (b) <u>Locu</u> 10 (c)			peri fi aliofia	IN PART 1(a)	9/ ₂	ERVAL BETWEEN ISET AND DEATH OF THE SECOND S
CERTIFICATION	20o. ACCIDENT WA			SCRIBE HOW INJURY OCCURRE		7			PERFORMED? PES NO
MEDICAL	Haur o.r p.r	n. 19	While at work	Nat While at wark	LACE OF INJURY (Hame, farn actary, street, affice bldg., etc.		(City or town)	(County)	(Stote)
		eceased alive an_	hm	coman	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR		22b. DATE SIGN 6-4-	66
L	BURIAL, CREMATIC REMOVAL (Specify PONERAL DIRECTO	6/8/6		23c. NAME OF CEMETERY OF Lincoln E ADDRESS Rockville,	Park 250. REC		ATION (City or Town Ckville		g. Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove about papers. Pages 1 and 2 shauld be filled with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death.

VR A15 (4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician.

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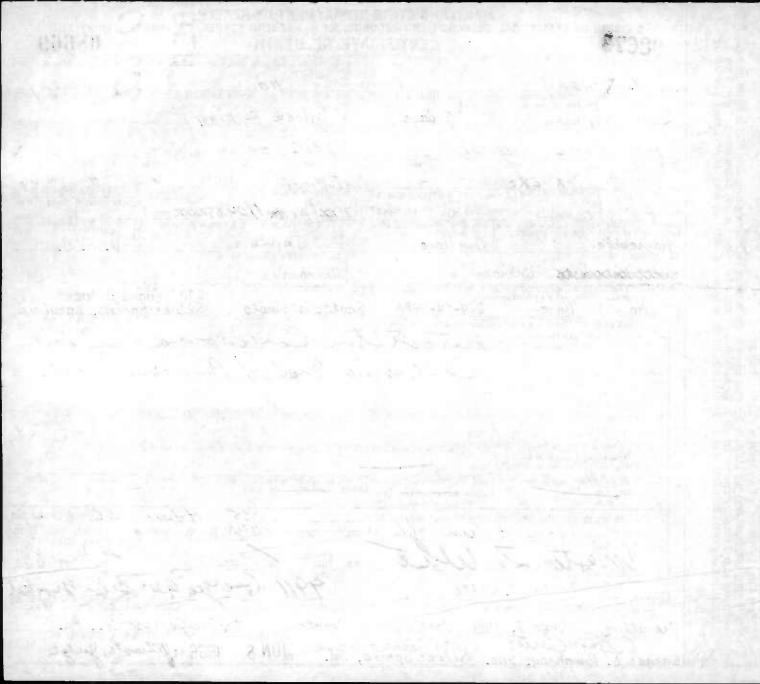
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executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

	MARYLAND STATE DEP	ARTMENT OF	HEALTH		
	RESEARCH AND RECORDS,	301 W. PRESTON	STREET,	BALTIMORE 1,	
08673	CERTIFICATE	OF DEATH			0866

OEKIII IOAI	E OI BEATH
PLACE OF OEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY
HONTACHERY MARYLAND	Hd. MONTAGHERY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown)
Silver Spring 3 days	SILVER SPRING 15-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Holy Cross Huspital	2305 EVANS DRIVE YES NO
3. NAME OF FIRST MIDDLE	Last 4. DATE Month Day Year
(Type or print) YAYEKO - M	atsumoto DEATH 6 4 1966
7. MARKIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
F ORIENTAL WIOOWED DIVORCED	7 xx/3/xx/1700 65×6xx yrs.
10a. USUAL OCCUPATION (GIVE kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Own Home 13. FATHER'S NAME	JAPAN U.S.A.
	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT 2005 Address
(Yes, no, or unkown) (If yes give war or dates of service)	2303 (vans Drive
	cott Matsumoto Silver Spring, Maryland
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	re Carcinona 1986
Openditions of any which DUE TO	Head of Parenes 1911
Conditions, if any, which gave rise to immediate (b)	- 11200 of 1000000 1160
cause (a), stating the DUE TO underlying cause last.	
	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CATI	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIED TO BE CONTRIBUTING TO DEATH BUT NOT RELIED TO BE CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLF factor 20mm for 19 at work	pry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1965 to 4 Just 1966, that (1) (we) last
	t death occurred at
22a. SIGNATURE	22b. DATE SIGNED
Megler Li White M.	D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. D
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Merton L. White	7711 be gea ar selve guy lus
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d LOCATION (City, town or county) (State)
Cremation June 7, 1966 Fort Lincoln	Cemetery Prince Georges Co., Md.
24. FUNERAL DIRECTOR Cartin 8434 Georgia Au	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE WIN 8 1966 Reliables Judge
Warner & Dumphroy Inc Silver Spring.	Mai off 8 1966 Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH

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deoth deoth			PLACE OF DEATH					re deceosed lived, if institut		odmission)
7 3- 9			O. COUNTY MON+	gomer	4	MARYLAND	O. STATE MAR	JLAND 6. COU		mery
y the f Pages urs offe			o. CITY DR TDWN (If outside write RURAL and give n	e corporote limits,	c. LENGTH OF	STAY IN 1b	c. CITY OR TOWN (If outsid	corporote limits, write RU	RAL ond give neorest	town)
by Pc			Kethes	dA.			Bethe	SdA	15	- /
4 h l in sers. 72 h	_		I. NAME OF HOSPITAL OR I		hospitol, give street addr	ess)	d. STREET ADDRESS		() 0	ON A FARM?
in 2 filled pap hin	90		Kesmo		STILY P	San.		uthwick	531.1	ES NO
ficate be executed within 24 hours ofter yeicion and completely filled in by the pleose remove carbon papers. Pages off and in ony event, within 72 hours off			NAME OF DECEASED Type or print)	NCY J	ME CR	acke	Lost 4.	OF OEATH	2 2	Year 19 66
omp ve cee		S.	6. COI	DR DR RACE 7.1	ш,	MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys	Hours Min.
d cc		F	emale w		1	VORCED	3-24-1890	76 yrs.		
te be ion an ose re ind in			USUAL OCCUPATION (Give k ng most of working life, eve		IOb. KÍND OF BUSINES	S OR	VIRAINIC		12. CITIZEN OF COUNTRY?	WHAT
S d'		13.	FATHER'S NAME Va	vid-a			14. MOTHER'S MAIDEN NAM		11	
nov			AA	F. Wa	RLOW	4.749	Hann	a Van	HOOSE	2
€ E E			WAS DECEASED EVER IN U.S. s, no, or unknown) (If yes g		16. SOCIAL SECURIT	y ND	NFORMANT	n n n Addr	ess	#
the deoth		,	No		217-52-6	743 mi	March	1. Knoter	con-11	em 2
that the death certifour. on. by the ottending pry transit permit. Then cremation, or remova			18. CAUSE OF DEATH (EI PART I. DEATH WAS	nter only one couse pe CAUSED BY:	er line for (o), (b), ond (c))	· landas	10 ship		RVAL BETWEEN ET AND BEATH
thot on. by th ronsit	133		2392	MMEDIATE CAUSE (o) _	Caraci	gvasa	vac coc	rapae	ser	- , wows
S I TI I			Conditions, if ony, which	gove) DUE TO	Cerebio	- was	cular tten	surfosis	Con	week
physic physic signed burial burial		2	rise to immediate couse	(o), (DHE TO	01	1 - 1	1	1 1	, 20	, 0. 0,
e low retending so been os the prior to			stoting the underlying clast.	(c)_	Herera	leged	arteno	Clevoses	Me	ewy you.
te lo tendence os pos os prio		~	PART IL OTHER SIGNIFICA	NT CONDITIONS CONTR	BUTING TO DEATH BUT I	OT EFLATED TO	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(0)	19.	WAS AUTOPSY PERFORMED?
IAN: The all or at licate he for use Health	0	ATIO	Uram	a, Du	abetes	no	letus		YES	
of a Hope		CERTIFICATION	200. ACCIDENT WAS UNDER OR CONTRIBUTING (I CAUS (IF EITHER, NOTIFY MEDICAL	E OF DEATH	205. DESCRIBE HOW IN	JURY OCCURRED.	(Enter noture of injury in Port	I or Port II of item 1B.)		
by the hos offer this ce be detache State Dept.		MEDICAL	20c. TIME OF INJURY Mo		20d. INJURY OCCURRE		CE OF INJURY (Home, form,	20f. (City or town)	(County)	(Stote)
v the		WE	Hour o.m. p.m.	19	While Not While of work		ory, street, office bldg., etc.)			
Affred by a by				t (I) (this hospita	l) attended the dec	eased fram_	May , 191	3. Jul 1	2, 1966, the	at (1) (we) last
R ATTENI retoined ECTOR: A 3 should with the		М	saw the decease	d alive an_'	Cary 26 190	6, and tha	t death accurred at 5.	M, fram causes		
ret RECT 3 st wit	,		22a. SIGNATURE	41/	Letelia 6	/ M.	ATTENDING ME	D. STAFF PHYS.	22b. DATE SIGNE	- 2-1
Dige Siled	1		22¢. PHYSICIAN'S	C /V	- to the t	W.1				
RAL RAL be			NAME (Type)	eorge H.	Mitchell		4890 Batt	ery Lane, B	ethesda,	Md.
HOSF age 4 FUNE director		230	BURIAL, CREMATION,	23b. DATE THEREOI	F 23c. NAME (OF CEMETERY OR	CREMATORY	23d. LOCATION (City or To	wn) (County)	(Stote)
Page 4 moy O FUNERAL director, po should be f			REMOVAL (Specify) Burial	6/6/66	Park:	lawn	Holler Bridge	Rockvible,		
VR A15 (4)	0		FUNERAL DIRECTOR		ADDRI		2So. REC'D BY		GISTRAR'S SIGNATURE	
20 M 1/66	M		Tyson Wheel	er Funera	al Home 13	31 Rock	ville Rikk A	1966 10	Marley Ju	age.

Rockville, Md.

TO JAME OF THE PROPERTY LEAD SHALL PROPERTY £ 4, 14 or call the first out of Management of the September of t

1 (1)	Division of STATISTICAL RE	MARYLAND STATE DE ESEARCH AND RECORDS, 30			ND 21201
FOR STATE		EDICAL EXAMINER'S			08672
f any delay is 1, 2, and 3 to m PM3. Page HTLA DEDOTHMENT of Deportment of a after death.	1. PLACE OF DEATH O. COUNTY MONTGOMERY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) ROCKVILLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit 5927 HOLLAND ROAD 3. NAME OF DECEASED (Type or print) CECTL	c. LENGTH OF STAY IN 1b DAYS tal, give street oddress) Middle	2. USUAL RESIDENCE (When o. STATE TEXAS C. CITY OR TOWN (If outside DALLAS d. STREET ADDRESS 7081 VILLA	GE STAR APT. DATE DATE Month OF DEATH DECEMBER 1.	L ond give neorest town) C - 3
urs after 18. Gi ce along 12 with nt with	S. SEX 6. COLOR OR RACE 7. MARR MALE WHITE WIDOW	VED DIVORCED	B. DATE OF BIRTH APRIL 18,190	lost birthdoy) 65 yrs.	Months Doys Hours
_ = 0	during most of working life, even if retired) PO 13. FATHER'S NAME GEORGE W. McGEE		11. BIRTHPLACE (Stote or f TEXAS 14. MOTHER'S MAIDEN NAM KATIE HALL NFORMANT	E Address	12. CITIZEN OF WHAT COUNTRY?
INER: This certificate should be executed within 24 hours after deoth. It is certificate, writing the word "pending" in pencil in Item 18. Give Pages should be forworded to the Chief Medical Exominer's Office along with for files. 3 should be used as a buriol-transit permit. File pages and any event within 72 hourt, prior to burial, cremation, or removal, and in any event within 72 hourt	IB. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: H 20			eney Acui	te interval between the super and object and
INER: This certificate ertificate, writing should be forworder files. 3 should be used os ont, prior to burial, o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	NG TO DEATH BUT NOT RELATED TO 1 D. DESCRIBE HOW INJURY OCCURRED.			19. WAS AUTOP: PERFORMED YES NO
	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 at	While Not While foctor	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Ste
MEDIC pleose I directo retoined L DIRECT its desig	EVA MINIEDIC	SX, Accident , Suici	Id an Autapsy, lide, Hamicide CHIEF MEDICAL EXAM.D. ASSISTANT MEDICAL DEPUTY MEDICAL EX OFF Addressysted dain	EXAMINER	22. DATE SI
necessory, the funeral 5 moy be 1 TO FUNERAL Health or it	NAME (Type) John G. Ba: 230. BURIAL, CREMATION, BREMOVAL Specifysit 7/2/66	11 7936 Old Ge 23c NAME OF CEMETERY OR O Laurel Oaks	CREMATORY	y, town, Bacturity sola 23d. LOCATION (City or Town Mesquite	Maryland (County) (Stot

e. IS RESIDENCE ON A FARM? YES NO

19 **66** IF UNDER 24 HRS. Hours

Min.

10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRESMAN 13. FATHER NAME	10b. KIND OF BUSINESS OR POLLOCKPAPER& BOX	11. BIRTHPLACE (Stote or TEXAS	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
GEORGE W. McGEE		KATIE HALI		
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of serv		NFORMANT	Address	
		TLLIE MCGEE I	WIFE SAME	
1B. CAUSE OF DEATH (Enter only one couse por PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Coronary.	Insussie	eney Acut.	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o),	Cardie Vas	cular. Di	Sease.	years.
stoting the underlying couse lost. DUE TO				
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	t I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I taak charge af	the remains described abave, he	ld an Autapsy 🔲 ,	Inspection 💢 , Inquiry	and in my apinian
death resulted fram: Natural co	iuses 💢 , Accident 🔲 , Suic	ide 🔲, 🛮 Hamicide 🗀], Undetermined manne	er 🗌
ACTUAL SIGNATURE Offm.	s. Bell		L EXAMINER	22. DATE SIGNED
EXAMINER'S Sohn G.	Ball 7936 Old Ge	orge havesysmedical e	ry, town, Breathry sole,	MAGAIN
230. BURIAL, CREMATION, 23b. DATE THEREON			23d. LOCATION (City or Town)	(County) (State)
Burenovalserist 7/2/66		1	Mesquite	Texas
24. FUNERAL DIRECTOR Tyson Wheeler Funeral		lle Pitte REC'D BY		rar's signature

VR A15ME (5) 6M 1/66

TO A TO THE PROPERTY OF THE PARTY OF THE PAR \$5.940

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0868	33		CERTIFI	CATE	OF DEATH			086	73
1. PLACE OF DEAT	iontgomery		MARYL	AND	2. USUAL RESIDENCE (V	Where deceosed I	ived, if institution b. COUN	on: Residence beform	
b. CITY OR TOW	'N (If outside corporate limit	is,	c. LENGTH OF STAY IN	_	c. CITY OR TOWN (If ou	tside carparate li	mits, write RUR		
WBE CHE	(rural)		1 day		Wheaton			15	1
	SPITAL OR INSTITUTION (If n	at in haspital,	give street address)		d. STREET ADDRESS				e. IS RESIDENCE
U. S.	Naval Hospi	tal			11606 Jos	seph Mil	1 Road		ON A FARM? YES NO 12
3. NAME OF	F	irst	Middle		Lost	4. DATE	Month) Day	y Year
(Type or print)	Dou	glas	Arthur	Mo	GRAW Jr.	OF DEATH	June	2	166
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	K 8	DATE OF BIRTH		E (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male	Cauc	WIDOWED	DIVORCED		Dec. 8,196	54 1	st birthday) Yrs.	Months Days	Hours Min.
10o. USUAL OCCUPA	TION (Give kind of work done		CIND OF BUSINESS OR		11. BIRTHPLACE (County		country)	12. CITIZEN O	
during most at Work	king life, even if retired)		N/A		Silver S	pring.	Md.	COUNTRY	USA
13. FATHER'S NAM	E	Land to			14. MOTHER'S MAIDEN				
Douglas	Arthur McGr	aw			Doris H	Browne			
	EVER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. 11	NFORMANT Mill		eatoddres	Md .	
no, ar unknav	vn) (If yes give war ar dates	at service)		Mr.	Douglas Ar	thur Me	Graw. S	Sr. 11606	Joseph/
rise to immed stating the u last.	nderlying cause	(b) TO						- to 1	
PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CON	NDITION GIVEN IN	PART 1(a)		PERFORMED? YES NO
OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. D	DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of injury in	Port I or Port II (of item 18.)	\$ 7/B	
Hour	INJURY Month, Day, Year o.m. 19	Whil at wa	e Not While at work	facto	E OF INJURY (Home, farm ary, street, office bldg., etc.)		ty ar tawn)	(County)	(State)
	ertify that (X) (this ha		nded the deceased to 219_66, a	fram_J nd that	une 1 , 1 death accurred at	1150 M, fi	June 2 ram causes c	2, 19 <u>66</u> , to and an the da	hat (X) (we) las te stated abave
220. SIGNATI	71 0			M.D	ATTENDING D	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGN	
22c. PHYSICI NAME (T	AN'S D TO CY.	anger,		m.u	22d. ADDRESS U.S. Nav				
23o. BURIAL, CREM REMOVAL (Spe			23c. NAME OF CEMET 9t. Linco				ON (City or Tow	vn) (Count	
Burial Juneral DIRE	gor Silver	Spring	MA ADDRESS		25g RECT	BY REGISTRAR	25h REG	SISTRAP'S SIGNATII	
W. E. Pu	mphrey Funer	al Hom	e, 8434 Geo	rge	Ave.	8 196	16 Acc	iarles fo	udge

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removol, and in approvent, within 72 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	08684 CERTIFICATI				CATE	OF DEATH	().	08674					
	o. COUNTY	ontgomery		MARYLA	AND	2. USUAL RESIDENCE (Vo. STATE Virg:	on: Residence TY	before odmis	sion				
	b. CITY OR TOWN	(If outside corporate limited aire pagest town)	rs,		c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and gi						give nearest town)		
	Bethesda	d give negrest town)		1 day		Falls	8	833					
10		TAL OR INSTITUTION (If r val Hospita		oital, give street address)		d. STREET ADDRESS 141 Lea Court				e. IS RESIDENCE ON A FARM? YES NO			
	3. NAME OF DECEASED (Type or print)	Ber	irst 5	Middle Arthur		McLean	4. DATE OF DEATH	June	15		fear 66		
P	S. SEX	6. COLOR OR RACE	7. MAR	RIED X NEVER MARRIED	8	. DATE OF BIRTH	9	AGE (In years	IF UNDER 1 Y		ER 24 HRS.		
	Male	Cauc	WIDO	WED DIVORCED		pril 9, 19:	16	last birthday) 50 yrs.	Months	ays Hours	Min.		
	10a. USUAL OCCUPATIO during most of working	N (Give kind of work done glife, even if retired)	1	Ob. KIND OF BUSINESS OR INDUSTRY F.H.A.	197	11. BIRTHPLACE (County Missouri	& State, or fore	gn country)		TRY? USA			
	13. FATHER'S NAME					14. MOTHER'S MAIDEN I		days.					
	Arthur	A. McLean			Helen Th	nomas							
	IS. WAS DECEASED EV (Yes, no, or unknown) yes	ER IN U.S. ARMED FORCES? (If yes give war or dates 1939 - 1960	of service)	16. SOCIAL SECURITY NO. 497-01-1709		offormant B. Mary C. N	Churc IcLean,		A TT F	ginia t, Fal	ls		
										INTERVAL B ONSET AND	DEATH		
	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUT	TING TO DEATH BUT NOT RELAT	ED TO TI	HE TERMINAL DISEASE COM	IDITION GIVEN	IN PART 1(o)		19. WAS AU PERFOR YES X	ITOPSY MED? NO		
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF FITHER NOTIFY MEDICAL FXAMINER)												
	Hour a.	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While at work at work									(State)		
	saw the d	21. I certify that (1x (this haspital) attended the deceased fram June 14 , 19 66, to June 15 , 19 66 that (1x (we) last saw the deceased alive an June 15 19 66, and that death accurred at 105PM, fram causes and an the date stated above.											
1	1/100	22c. PHYSICIAN'S M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 16 June 1966											
	23a. BULIAL, CREMATI BurREMOYAL (Specif	ON, 23b. DATE TH	EREOF	23c. NAME OF CEMETE Arlington		REMATORY	23d. LOCA	TION (City or Town	/n) (Co	ounty)	(Stote)		
F	24 FUNERAL DIRECTO alls Churc	h Funeral	Home.	ADDRESS 1102 West Br	'oad		BY REGISTRA	2Sb. REG	SISTRAR'S SIGN	VATURE	E		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending of reconnection and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The place remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or ottending physician.

VR A15 (4) 20 M 1/66

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certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours pite dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician.

> VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH US675

4	1.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)							
79	<i>b</i>	44	a. STATE Maruland b. COUNTY Montgomery							
	-	b. CITY OR TOWN (if outside corporate limits, c, LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
1		write RURAL and giva nearest town)								
0		Silver Spring 15 years	Silver Spring 15-1							
?		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET AODRESS e. IS RESIDENCE ON A FARM?							
?	_/	1809 Brisbane Street	1809 Brisbane Street YES □ NO □							
2	3.	NAME DF First Middle DECEASED	Last 4. DATE Month Oay Year							
3	-	(Type or print) Anne Florence Ma								
7	5.	SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO	B. OATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.							
3			April 24, 1893 /3 yrs.							
-1	10a dur	. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
		Retired Secretary U.S. Post Office	Chicago, Illinois U.S.A.							
		FATHER'S NAME	14. MOTHER'S MAIOEN NAME							
		John Waters	Nancy Miller							
	15.									
		s, no, or unkown) (If yes give war or dates of service)	Silver Spring, 17d.							
			s. Mary M. Rhoades, 1809 Brisbane Street							
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	A INTERVAL BETWEEN ONSET AND DEATH							
		PART I. DEATH WAS CAUSED BY: Lerebro Vassul	ar leccion this am							
		331X OUE TO 61 1 #6 .	D Lu							
		Conditions If any which I	12 Tylans							
		gava risa to Immediata								
		cause (a), stating the DUE TD								
	underlying cause last. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)									
	Ĕ	TARTITION OF THE STATE OF THE S	PERFORMEO?							
0	5	Right sited homeplegia in they 1964								
	CERTIFICATION	20a. ACCIDENT WAS ENDERLYING DESCRIBE HOW NIJURY OCCUPANTION OF CONTRIBUTING DESCRIBE HOW NIJURY OCCUPANTION OF CONTRIBUTING DESCRIBE HOW NIJURY OCCUPANTION OF CONTRIBUTION O	RREO. (Enter nature of injury in Part I or Part II of Item 18.)							
		(IF EITHER, NOTIFY MEDICAL EXAMINER)								
	MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)							
	EOI	Whita - Not while -	ry, street, office bldg., etc.)							
	Σ		FM 10 20/25 1. 0 2 10 2 25 20/ (2 Nest 11) frest lest							
		21. I certify that (I) (this hespital) attended the deceased from 2	20 1965 to June 25 1966, that (1) (we) last							
		saw the deceased alive on the 1966, and that	death occurred at 2: 05M, from the causes and on the date stated above.							
		22a. Signature h andres vol	ATTENDING C MED STAFF							
,		M.D.	PHYS. DIRECTOR PHYS. 1400							
1	1	226. PHYSICIAN'S NAME (Type) John N. Andrews	22d. ADDRESS							
			9601 Colesville Rd., Silver Spring, Md.							
	23a	BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)							
		Burial June 28, 1966 Pisgah View	Cemetery Ashirokke, North Carolina							
	24		25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
_	初	Jarner E. Pumphrey Inc. Silver Spring. 1	DATE JUN 28 1966 Scharles Judge							
		word College And State States								

AT HALL and the state of t trancolno. Page Service Service Superformedate in the Sant's autocosts villa most the recession of the second Ti Town, is used to a second at and distributed the Chart That There is all the second And the state of t as the first of the country of the country of the state o on the first that the property of the THE REAL PROPERTY OF THE PROPERTY OF THE PARTY OF THE PAR Tell Victor A. Venezus Then I for the mention the contract the second The state of the s TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papels: Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 fours after death.

DIVISION OF	STATISTICAL	RESEAR	CH AND RECORDS,	301 W. PRESTON S	TREET,	BALTIMOR	ET, MARY	AND'	
18586			CERTIFICATE	OF DEATH			1)	8671	6
1. PLACE OF DEATH				2. USUAL RESIDENCE	(Where da	caasad livad, If	Institution: Rasider	nce bafore a	dmission)
a. COUNTY Mon	tgomery		MARYLAND	a. STATE Maryl		b. COUN	Montgo	omery	7
b. CITY OR TOWN (if a	outsida corporata limi	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utsida corpo	orate limits, write	RURAL and giva	neerest tow	vn)
Chevy Ch	9.50			Chevy Chas	е		15	/	
			spital, give street address)	d. STREET ADDRESS					ESIDENCE A FARM?
4131 Lel	and Stre	et		4131 Lelan		reet			NO 🛣
3. NAME OF DECEASED	First		Middle	Last 4	DATE	Month	Day	Yaa	r
(Typa or print)		omi	Nelson	McWilliams		June	12	19	66
5. SEX	6. COLOR OR RACE	7. MARRII	D NEVER MARRIED 8	DATE OF BIRTH	9.	AGE (In years last birthdey)	IF UNDER 1 YEAR		
female	white	WIDOWE	DIVORCED	June 28-184	18	67 yrs.	Months Days	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work	10b. K	IND OF BUSINESS OR INDUSTR		& State, or f	foreign country)	12. CITIZEN C	OF WHAT	COUNTRY?
Housewif		0,	0	West Virg	inia		U.	S. A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME				
unobtain	able			Margaret	Bram]	Lett			
15. WAS DECEASED EVER	IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT		Address	Chevy	Chas	SA MI
no	as Ains March Galet Olz	Prvicaj	none Mr	s. T. Harol	d Sco	ott 412	5 Lela	nd St	
		caufe par	lina for (a), (b), and (c).]	1 1 224			//N	TERVAL BE	WEEN
PART I. DEATH	WAS CAUSED BY	1190	Traulas	Libralde	A		(Ja	NSET AND	eath
4200	DUE TO	1.			XI Al) -	_ ~		
Conditions, if any,		Krz	Trio Occe	rotes 1	MI	1	10	hN) '
gave rise to immadiate (a), stating the und		,	A'aall					1/	
cause last.	(c)	a	mal lis	elition				1	
PART II. OTHER S	IGNIFICANT CONDI	IONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE C	CONDITION GIV	EN IN PART 1(a)	19. WAS A	
CATI			//						NO NO
PART II. OTHER S OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING	UNDERLYING [20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Entar nature of injury in Pa	art I or Part	II of itam 18.)			
OR CONTRIBUTING (IF EITHER, NOTIFY M	EDICAL EXAMINER)								
3 20c. TIME OF INJURY	Month, Day, Yes			CE OF INJURY (Homa, farm,	20f. (City	or town)	(County)		(Stata)
20c. TIME OF INJURY	. 6	While at wor		ory, straet, office bldg., atc.)		/	4	/	
21 I continue the	1 41 41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Alle stebre	Ad the deceased from	30494	V) To.	hairy	1 Dec	de obse	201
Hunce a 1	alive on		19 and that	- 1/ /	4	the causes	and on the da	to stated	phove
22a. SIGNATURE	divo oii.	VIO	Co. G., and mar	1	1771, 110111	1110 Causes	and on the da	22b	DATE.
1 / Ana	h 1	on	1) Tunga "	D. PHYS. DIRE	CTOR	STAFF PHYS.		(-1)	SIGNED
22c PHYSICIAN'S		A.	, , , , , , , , , , , , , , , , , , ,	22d. ADDRESS	11	<u>_</u>		0	^
NAME (Typa)	RVMG	BK	OTMAN	1746	K-	JT · N	1.W,	WE	skal
23a. BURIAL, CREMATION	N. 23b. DATE THER	EOF	23c. NAME OF CEMETERY	OR CREMATORY :	23d. LOCA	TION (City, to)	wn or county)	(SI	tata) (
REMOVAL (Specify) Burial	June 15	.196	6 Glenwood C	emetery	Washi	ington,	D. C.		
24 FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	25a. REC'D			SISTRAR'S SIGNA	TURE	
The S. H.	Hines C	ompa	ny 2901 14th	St. N. WALUN	15 18	966 8	learley)	usze	
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08687 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death and and campletely filled in by the funeral remove carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) g. COUNTY b. COUNTY. after MARYLAND 70n/goner b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) haurs d. STREET ADDRESS e. IS RESIDENCE ON A FARM? INSTITUTION (If nat in haspital, give street address) within 72 YES NO NAME OF 4. DATE First Middle Last Month Year DECEASED 19 event, (Type or print) DEATH IF UNDER 24 HRS 9. AGE (In //ears IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** birthdoy) Months Days Hours DIVORCED WIDOWED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind af wark dane 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) Blanty COUNTRY? Deauticean 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME phy remova attending permit. The WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service 5 ian, 18. CAUSE OF DEATH (Enter only one cause per line for INTERVAL BETWEEN signed by the burial-transit p cremati PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if ony, which gave rise ta immediate cause (a). DUE TO stating the underlying cause has been the priar ta last. SD WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use CERTIFICATION alth NO TO FUNERAL DIRECTOR: After this certificate the haspital ar far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. 22a. SIGNATUR

20d. INJURY OCCURRED

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20e. PLACE OF INJURY (Home, form, foctory, street, affice blda., etc.)

20f. (City or town) (County)

(Stote)

19 at wark at work 21. I certify that (I) (this haspital) attended the deceased fram. M, fram causes and an the date stated above. and that death accurred at saw the deceased alive an 22b. DATE SIGNED.

ATTENDING PHYS.

22d. ADDP

NAME (T 23o. BURIAL CREMATION REMOVAL (Specify)

22c. PHYSICIAN

23b. DATE THEREOF

NAME OF CEMETERY OR CREMATORY

2So. REC'D BY REGISTRAR

PHYS

LOCATION (City or Town)

(County) (State)

24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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DIRECTOR

REGISTRAR'S SIGNATURE 2Sb

1 5	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
F. 28. F.	08588 CERTIFICATE OF DEATH	678
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OR ATTEN be retain DIRECTOR. age 3 shou led with th	22a. SIGNAURE 22b. D/	ATE SIGNED
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HOSPITAL age 4 may FUNERAL irector, pa	1 22d. ADDRESS JOSEPH BLOOM 1015 Spring St. Silver &	aring Mo
O HOSPITA Page 4 m O FUNERA director, should be	234. BURIAL CREMATION 23b. DATE THEREOF 23s. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or cou	inty) (State)
5 5 5 2	Bureal June 28, 1966 Glenwood Cimiling Warhington	W.C.
3		S SIGNATURE
VR AIS (4) 20M 1/65	Harthur Wallus, 254 Carrall al N.W. Wach. OC DATE UN 27 1966 Johnson	y judge
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remover any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. Please

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

UERTIFICAT	E UF DEATH 0.8670
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissi
MONTGOMERY MARYLAND	a. STATE ARU AND b. COUNTY DUTCOME A
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (W outside corporate limits, write RURAL and give nearest toy
S. Wite RURAL and give nearest town) 32 He s	SilvER SORING 15-1
d. NAME OF HOSPITALIOR INSTITUTION (if not in hospital, give street address)	d. STREET AODRESS 0. IS RESIDEN
Holy (POSS HOSDITAL	311 WATER FUR O KAAD YES TI NOT
3. NAME OF Pirst , Middle	Last 4. DATE Month Oay Year
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5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO	8. OATE OF BIRTH / 9. AGE (In years IF UNOER 1 YEAR IF UNDER 24 H
WIDOWED OIVORCED	8/10/03 (ast birthday) Months Days Hours Mi
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY2
HOUSEWIFE	NEW YORK CI.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
PATRICK V. MURPHY	CATHERINE CAHAWIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
NO 1064-03-2554V	· LEO MEYER JAMEAS # 2
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEE
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CO ACCIDENT WAS INNOFDLYING ET LOSS OF CORDER HOW INHERY OCCU	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOTRELY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
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Hour a.m. While Not While facto	ory, street, office bldg., etc.)
	June 14 10 66 m yene 18 10 66 shot 11 hours
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on the last of the and the	t death occurred at M, from the causes and on the date stated abo
22a. SIGNAPURE	22b. OATE SIGNED
Gernard a Orly enaly M.	D. ATTENDING MED. DIRECTOR PHYS. D 6-15-66
22c. PHYSICIAN'S NAME (Type) BERNARD A. FITZGERALD	22d. ADORESS
MAINE (1) HE DERIVARY 11.11129 ERALLY	27 UNIV. BLUDE, SILVER SPRING, Md.
23a BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETER	Y OR CREMATORY 23d. LDCATION (City, town or county) (State)
Durial 6-18-66 Have 7 He	auln cem, silver spring, Maryla
24. FUNERAL DIRECTOR AODRESS AODRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00290 CERTIFICATE OF DEATH

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	1.	PLACE OF DEAT a. COUNTY	Н .				2. USUAL RESIDE	NCE (Where		Institution: I	Residence bef	ore admission
	-	b. CITY OF TOW	MERCA CORNOR	ate limits	c. LENGTH OF STAY		c. CITY OR TOWN	(If outside o	ornorate limite	write DIIDAI	and give n	paraet town
	-		N (if outside corpora and give nearest to	wn)	411/0	111 25	4.00 0 41	4.4				
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	12	NAME OF	A DILVER	2.PRIL	9 RI39 HI	-INE-	4135 Ne				YES YES	□ NO 🔀
)3.	DECEASED (Type or print)	MAR	irst /	Middle	/	Last	4. DAT		onth E	Day	Year
	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 🛛 8	DATE OF BIRTH		9. AGE (In year	mrs IF UNDER	1 YEAR IFU	
	_/	CEMBLE.	WHITE	WIDOWED	DIVORCE	K O	3000 5-25	-1880	86 yrs		Days H	ours Min.
	10a	a. USUAL OCCUPAT	TION (Give kind of working life, even if retire	done 10b. KI	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE	(County & Sta		ntry) 12. C	ITIZEN OF V	VHAT
	100	et. Clerk		u. 3	Gout.		Baltimor	e Mari	land		4.5	
	13.	. FATHER'S NAM	1E	1000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	14. MOTHER'S MA		7 Curren		circy	
		Lexander						dender	ion			
	15 (Ye	es, no, or unkown)	EVER IN U.S. ARMED F (If yes give war or dates	ORCES? 16.5 of service)	SOCIAL SECURITY NO	. 17.	INFORMANT		5209 Ad	bingto	n Road	1
		No	None		Yes	Mrs	. Louise	graves	West by	ills.	Md	
		18. CAUSE DF	DEATH [Enter only o	ne cause per li	ne for (a), (b), and (c	:).]						L BETWEEN
		PART I. DI	EATH WAS CAUSED B IMMEDIATE CAUSI		m conde	2	- Oant				ONSE!	AND DEATH
		4201	DUE									
		Conditions, If		(b) C	tin -	-	himme				242	
		gave rise to		TO							-	
		cause (a), s underlying caus	tuting the	(c)	USS RA							
	NO		SIGNIFICANT CONDIT		TING TO DEATH BUT N	OTRELAT	ED TO THE TERMINA	L DISEASE CO	NDITION GIVEN	IN PART 1(a)	119. WA	S AUTOPSY
^	CERTIFICATION	The same									YES T	RFORMED? ☐ NO [✓
0	F	20a. ACCIDENT	WAS UNDERLYING	1 20b. D	ESCRIBE HOW INJUR	RY OCCU	RED. (Enter nature	of Injury In	Part or Part	II of Item 18		J No IX
	ER	OR CONTRIBUT	ING CAUSE OF DEATIFY MEDICAL EXAM	TH			meer (entor mataro	or mjary		. 01 110111 20	,,,	
			INJURY Month, Day,	1	JURY OCCURRED 12	On BLAC	E OF INJURY (Home,	form OOF	(City or town)	/00	unty)	(State)
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			ceased alive on	nay !	1966, a	nd that	death occurred at	4.44 M,	rom the caus			
		22a. SIGNATU	420	1.1			ATTENDING -	MED.	STAFF .	22b. D	DATE SIGNED)
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2	-11		M.D.	PHYS.	DIRECTOR	PHYS.] Hu	m9,19	766
1		22c. PHYSICIA NAME (T		(22d. ADDRESS		nı	- 0	44.1	
1		<u> </u>		(14)				lesvill	e Kd.,	5. 5.,	Md.	
	23a	REMOVAL (Sp	MATION, 23b. DATE ecify)	THEREOF	23c. NAME OF CE		OR CREMATORY	23d.	LOCATION (City	, town or co	unty)	(State)
		rial	June 1	1, 1966	Rockcreel	e (en	etery		hington			
	24.	Jon	no Thom	ras	8434 George	sia A	venue 25a. R	EC'D BY REC	ISTRAR 25b.	REGISTRAR	'S SIGNATU	RE
1	JER!	Warner	8 Dumphro	1 200	Silver Sni	ring.	Md SALLA	114 1	000 000	Marle	, Judg	2

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
of STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			DIVISION OF STATISTICAL RESEA	AKCH AND RECORDS, SOT W.	. PRESTON SIREET, BALTIMORE,	MARILAND ZIZUI
-	(M)		08691	CERTIFICATE O	F DEATH	08681
er death	funerol 1 and ter deoff		LACE OF DEATH Montgomery		usual residence (Where deceased lived, a. STATE Mary Land	if institution: Residence before admission) b. COUNTY Washington
thot the death certificate be executed within 24 hours after on.	and completely filled in by the fur remove carbon papers. Poges 1 in any event, within 72 hours ofter		CITY OR TOWN (If autside carparate limits, write RURA) and give nearest town	3 days	Haperston	n 21-2
n 24 ho	filled in papers.	7	. Name of Hospital or Institution (If not in hospital, g Washinpton Sanitaria		Route #1	e. IS RESIDENCE ON A FARM? YES \ NO \[\mathbb{L}\]
d with	completely f ove carbon y event, wit		IAME OF DECEASED Type or print) (Laura) First	Mabel MOI	OEATH O	une 9, 1966
execute	d comp move c iny eve	S.	Femzle Czaczsian WIDOWED	DIVORCED Ja		yrs.
ite be	eose re			DUSTRY + School	Brown Minness	
certifico	a a a	13.	Francis M. KENNE	DY 14.	Mother's Maiden Name Jerusha P	OST
death	by the ottending tronsit permit. Th cremotion, or remo		WAS DECEASED EVER IN U.S. ARMED FORCES? , na, or ynknawn) (If yes give war ar dates of service)	social security no. 17. INFOR	ter C. Moffett,	Haperstown, Md-
not the	y the o		1B. CAUSE OF OEATH (Enter only one cause per line for PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(a), (b), and (c).) Respiratory	Failure	INTERVAL BETWEEN 8 ONSET AND OEATH
uires th	signed by burial-tro burial, cr		Canditians, if any, which gave) (b)	Anoxia		1 day
aw req	is been si os the bu prior to bu		rise to immediate cause (a), stating the underlying cause (c)	Bronchitis		VwK.
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SICIAN spitol o	ertificot led for t. of He	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DE OR CONTRIBUTING ☐ CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED. (Emer	r nature of injury in Part 1 or Part II of ite	em 1B.)
IG PHY	detoch	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a.m. 19 20d. IN While at work	Not While factory, st	INJURY (Hame, farm, treet, affice bldg., etc.)	r tawn) (Caunty) (State)
renbin	OR: Afte		21. I certify that (I) (this haspital) attends saw the deceased alive an June	ded the deceased fram M 9,1966, and that de	ath accurred at 2 3 AM, from	causes and an the date stated above
OR AT	DIRECTOR: /		220. SIGNATURE	lson M.O.	PHYS. DIRECTOR L P	TAFF Dune 9, 1966
PITAL may b			22c. PHYSICIAN'S Walcutt W. (GIBSON	4300 St. Barnaba	s Rd. Weshing ton 2003
Poge 4	director, po should be fi	23c	BURIAL, CREMATION, 23b. DATE THEREOF CONTROL (Specify)	23c. NAME OF CEMETERY OR CREM Sin thobursy	Cemetery Smithsbr	ung Wash. G. Md
×.	VR A15 (4) 20 M 1/66	A	FUNERAL DIRECTOR HOSESTON NOROW K COFFMAN Fun	ie all Home se	25a. REC'O BY REGISTRAR	25th REGISTRAR'S SIGNATURE POllarles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

> N 8

1966

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PLACE OF DEATH a, COUNTY				tution: Residence before admission
MONTGOMDAN	MARYLAND	a. STATE	RULAND b. COUNT	MONTROMEUN
	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	itside corporate limits, writ	e RURAL and give nearest town
SILVER SORING	9 DAUS.	SILVE	R Sprin	a. MN 15-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	tal, give street address)	d. STREET ADDRESS	0,000	e. IS RESIDENCE
HOLU CROSS HOS	h	2811 F	RAndala	B RN YES NO
3. NAME OF First	Middle	Last 4	4. DATE Month	Day Year
(Type or print)	A mu	ELLER	OF DEATH	3 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.			FUNDER 1 YEAR IF UNDER 24 HRS
F WIDOWED X	DIVORCED	4/15/80	last birthday) N	fonths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND	OF BUSINESS OR	11. BIRTHPLACE (Coun	ty & State, or foreign country)	12. CITIZEN OF WHAT
during most of working life, even if retired) INDU Housewile	SIRY	D.C		COUNTRYT
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	7.011
Louis Schade		Anna Cr	eger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC	IAL SECURITY NO. 17.	NFORMANT	Address	
(Yes, no, or unkown) (If yes give war or dates of service)	Mi	ss Nellie	McCoy same	as above
18. CAUSE OF DEATH [Enter only one cause per line				I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CERE	BROVASCYL	00 Arci	DENT	ONSET AND DEATH
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Conditions, If any, which \ (b) ARTER	IOSCLEROTIC	CEREBROV	Asc Dis	YEARS
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	G TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ACTERIOS CLEROTIC 202. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTIONS OR	HEART	DISEASE		YES NO X
20a. ACCIDENT WAS UNDERLYING 20b. DESC			Jury In Part I or Part II of	Item 18.)
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3 20c. TIME OF INJURY Month, Day, Year 20d. INJU	RY OCCURRED 20e. PLAC	E OF INJURY (Home, farm	, 20f. (City or town)	(County) (State)
ZOC. TIME OF INJURY Month, Day, Year 20d. INJUI Hour a.m. While at work	Not While at work	y, street, office bldg., etc.		
21. I certify that (I) (this hospital) attended to		5/2-5 196	6, to 6/3	. 1966 that (I) (we) las
saw the deceased alive on 6/3				nd on the date stated above
22a. SIGNATURE	1			22b. DATE SIGNED
Trehand X	Talle M.D.	ATTENDING ME	RECTOR PHYS.	6/4/66 Md
22c. PHYSICIAN'S NAME (Type) RICHOGO H	2 -	1 22d. ADDRESS	0.5	,
NAMERTYPE KICHARD H.	TOLLEN MS	> 10400 COM	WECICHT A	VE KENSINGTON
23a. BURIAL, CREMATION, 23b. DATE THEREOF 2 REMOVAL (Soecify)	3c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	
Burial 6/8 /66	Prospect Hi	ll Cem.	Washington	
OA EMNEDAL DIDECTOR!	ADDRECO/#	ATTAL LOCA DECID	DV DECICTOAD OCh DEC	AGISTANOIS SIGNATISE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femore carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. D HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO HOSPITAL

> VR A AI5 (4) M 1/65

on the production of the second of the secon TOTAL TOTAL STREET, ST Margarette Markette Land Comment A AMERICA DE LA TOMBRE DE LA TO 15 38/81 W 115 W SOMOT BILL were as empt wedness files a 211 in a mark the state of the speeds of the state of the sta hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

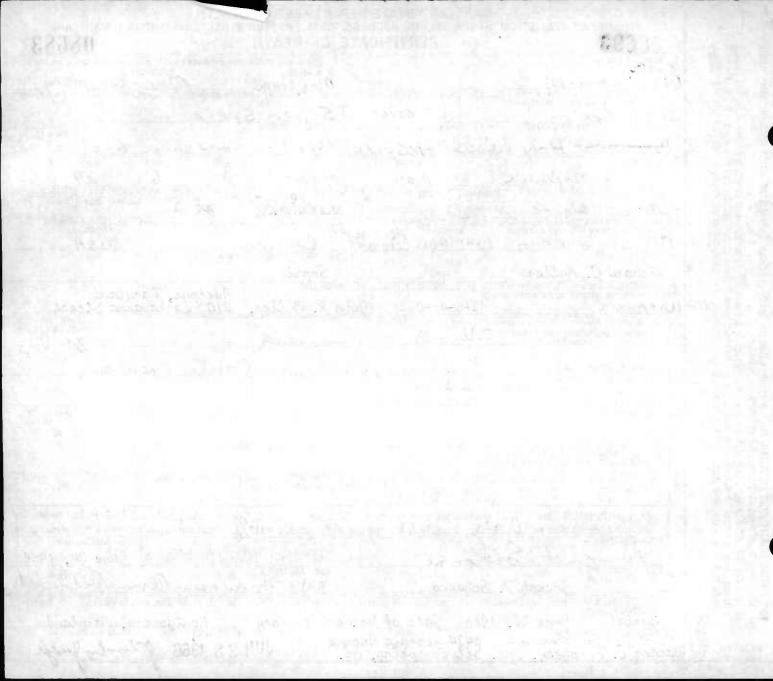
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH

00000	CERTIFICATI	L OF BLATT			110	UO	
1. PLACE OF DEATH		2. USUAL RESIDENCE	CE (Where deceased I	ived, If Institutio	n: Residence	before adr	mission)
a. COUNTY	MADVI MID	a. STATE	1 /	b. COUNTY 7	The Carlo	0/1/	1/2
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporate		IRAL and give		t town)
write RURAL and give hearest town)	0 1	61	e . 0.1		//		
d. NAME OF HOSPITAL OR WISTITUTION (If not in hos	2 days	d. STREET ADORESS	SPRING		16-	, IS RESI	DENCE
d. NAME OF HOSPITAL OR WISTIGION (IT HOLLIN II)	spital, give street address)	U. STREET ADORESS	/		0.	ON A FA	
MARGARET Holy CROSS	- HASDITAL	1201 Neu	1 HAMPS	hire f	7 rely	ES 🔲 I	NO
3. NAME OF First DECEASEO	Middle	Last	4. DATE OF	Month	Day	Year	r
(Type or print) MARGAROL	Mary	muller	DEATH	6	24	19	66
5. SEX 6. COLOR OR RACE 7. MARRIEO [NEVER MARRIEO	B. DATE OF BIRTH		(In years IFUN			
Female, White WIDOWED	OLVORCED	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	858 8	Olrthday) Mont	hs Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. Kil	NO OF BUSINESS OR	11. BIRTHPLACE (C		3	2. CITIZEN O	F WHAT	
	DUSTRY Acro nou	AS 1			COUNTRY?	t	
13. FATHER'S NAME	HDY. Comm of	14. MOTHER'S MAIC	nia.		USA		
			JEN NAME				
Richard C. Muller		Sophie					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S (Yes, no, or unknown) (If yes give war or dates of service)	OCIAL SECURITY NO. 17.	INFORMANT	Adelph	i. Maryl	and		
unknown - 12+6	-46-0521 201	in R. Muller	2100 L	ackawann	ra Stre	et	
18. CAUSE OF DEATH [Enter only one cause per lin	e for (a), (b), and (c).]	-			INTER	EVAL BET	
PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	orb to	-110100	20		ONSE	T ANO D	EATH
1661V	1	3000000			3	OK	VV
Conditions, If any, which	Dinha	0. 1 1	Cant	1000111	100		
gave rise to immediate	general as	accomin	of an min	- C New	John		
cause (a), stating the DUE TO	0.				V		
underlying cause last. (c)	Ver Novel	von	DISCLOS CONOUTION	OWEN IN DARK	1(a) 19.	WAS AUT	TODEV
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED 20a. ACCIOENT WAS UNDERLYING CONTRIBUTED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TING TO OEATH BUT NOT RELA	TEU TO THE TERMINAL I	DISEASE CONDITION	GIVENINPARI		PERFORM	MEO?
FIC						S 🔀 1	NO 🗌
20a. ACCIOENT WAS UNDERLYING 20b. OF OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCU	RREO. (Enter nature of	f Injury in Part I of	Part II of Item	1 18.)		
	JURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	arm, 20f. (City o	r town)	(County)	(\$	tate)
Hour a.m. While p.m. 19 at work	Not While at work	ry, street, office bldg., e	IC.)				
THE THE PERSON NAMED IN STREET OF THE PERSON NAMED IN STREET		120 1	1 10	24 1	00/-46	ot (1) (m	in) lool
21. I certify that (I) (this hospital) attended		death occurred at	9 C.L., to 6		9 Cab tha		
saw the deceased alive on 22a SIGNATURE	19, and that	death occurred aut	I / IVI, ITOITI EIII	22b			anuve
1 7 5		ATTENDING PI	MEO. ST	AFF	2		166
22cd PHYSICIAN'S	M.D	PHYS. 22d. AOORESS	OIRECTOR L PH	IYS.	June 24	9 14	166
NAME (Type)		0219 26	44-6-41	Maro	13.7	The same of the sa	& h
	inno	DOID /	~ recress	1 Core)	- Cur	40
23a. BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY			N (City, town o	(county)	(518	ate)
Burial June 28, 1966	Gate of Hear		Mon		Mary	and	
24. FUNERAL OIRECTOR Thomas 843	4 Georgia Aver	25a. RE	C'U BT REGISTRAR	1 000	KAR'S SIGNA	ATURE	
Vite 1 - C . 7	Her Spring Me		JN 28 196	6 you	meles &	udge	2

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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haurs of the by the s. Page hours			Write RURAL and	give negrest town)			5.00	Be	thesda				15	/
hau in b rrs.			. NAME OF HOSPITA	AL OR INSTITUTION (If no	t in hospital,	give street oddress)			ET ADDRESS				e. 15	RESIDENCE
filled in papers. thin 72 ha	00		170 Nor	thbrook L	ane			177	LO Nort	hbro	ok Lan	e		N A FARM?
		3.	NAME OF DECEASED	Fir		Middle		11	Lost	4. DATE OF	Mo	nth	Doy	Year
implet ve carl event,		S.	Type or print)	1 solon on size A	+10				rray	DEATH	June	I IE HAIDED 1	19	1966 UNDER 24 HRS.
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e executed control con		100	HISHAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR	الما		THPLACE (County 8			12. CITI	ZEN OF W	TAT
ician be and ir		duri	Home m	ite even if retired)		DUSTRY	_	1	aryland		o.g., 100 [7	cou	NTRY2	A.
Property of the second	8.0		FATHER'S NAME		200			14. MC	THER'S MAIDEN N.	AME				
e death certifi attending phy permit. Then ian, or removal			James !	Henry Mur	ray		856		Margar	et W	ard			
ding ding ren		15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates a	f convice) 16.	SOCIAL SECURITY NO.	17. 1	NFORMA	NT		Ado	ress 110	Nor	th
attendi permit.		(16	No	(ii yes give war ai dales a	- SI	8-30-477	9 Mr	g . 1	rankli	n F.	Halle	r/Roth	Nor	ok ha.
the d e att			18. CAUSE OF DE	ATH (Enter only one cou	se per line for	(o), (b), ond (c).)	,	4.4					INTERV	AL BETWEEN
that than the by the transit				H WAS CAUSED BY: IMMEDIATE CAUSE	(0) (on	mary 19	eart	De	rease				ONZEI	AND DEATH
quires that the physician. signed by the burial-transit burial, cremat			260	DUE		- 1 -	6	Time	mlers	us				
physic physic signec burial burial			Conditions, if ony,		(b)	- Jan	. Cov		-					
red ig p			stoting the under		10 10	rbeles	me	ll	elles					
e law retending as been as the priar ta			lost.	,	(c)									
The popular	6	ATION	PART II. OTHER SIG	SNIFICANT CONDITIONS CO	ONTRIBUTING	TO DEATH BUT NOT R	ELATED TO 1	HE TERM	INAL DISEASE CON	DITION GIVEN	N IN PART 1(o)		19. WA PEI YES	S AUTOPSY REORMED?
The same and		CERTIFICATION	20a. ACCIDENT WAS		20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter na	ture of injury in P	ort 1 ar Part	II of item 1B.)			
HYSICIA haspital s certifica sched fa spt. af H				MEDICAL EXAMINER)						-				
ع الله عاد عاد الله	7	MEDICAL	20c. TIME OF INJU Hour a.n	RY Month, Day, Yeor	20d. II While				URY (Hame, form, , office bldg., etc.)	20f.	(City ar tawn)	(Caur	nty)	(Stote)
by Affer Staff				y that (1) (this has			d fram	Ja	ne 19	756 to	6/1	9/.196	Z. that	(1) (we) last
ATTENDIN stained by CTOR: After shauld be ith the Sta				ceased alive an		1966	and that	death	accurred at	1150 M	, fram kause:	and an th	e date s	tated abave.
retained retained ECTOR: / 3 shauld with the	GM		22a. SIGNATURE	1/2	1			ATTE	NDING /	MED.	CTACE	22b. DA	TE SIGNED	
OR be r	1		5 1	MI	Jany	182	M.E	PHY	5.	DIRECTOR	STAFF PHYS.	1 6/	19/1	(
AL L			22c. PHYSICIAN'S NAME (Type)	Dr. W.T.	Joyc	e		4:	i. ADDRESS 877 Bat	tery	Lane,	Beth	esda	, Md.
O HOSPIT Page 4 mc O FUNERA director, F shauld be		230	BURIAL, CREMATIC	N, 23b. DATE THE	REOF	23c. NAME OF CE	METERY OR	REMATO	RY	23d. LOC	CATION (City or 1	awn) (County)	(Stote)
Page of FUN direct shaul			Bur Specify	6-22-	1966	Cedar H	111	Ceme	eterv	Sui	tland.	Md.		
	K	24	FLINERAL DIRECTO	?	Total Control	ADDRESS			2So. REC'D	BY REGISTRA	AR 2Sb.	REGISTRAR'S SIG		
VR A15 (4) 20 M 1/66	1/18	00	5150h Wi	awler s S	ons, W	ash. DC.			DATEUN	2 2 1	966 8	Charle	Jus	ge.

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	WAKILAND STATE DEPARTMENT OF HEA	LIN
DIVISION OF STATIST	CAL RESEARCH AND RECORDS, 301 W. PRESTON STRE	ET, BALTIMORE 1, MARYLANI
08696	CERTIFICATE OF DEATH	112720

								11111		
1. PLACE OF DEATH				2. USUAL RESIDEN a. STATE	CE (Whara daceased	d lived, If b. COUN	ITY,		admission)	
	DNTGOMERY		MARYLAND	MARYLAND MONTGOMERY						
b. CITY OR TOWN (i	if outside corporata limit d giva nearast town)	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (imits, write	RURAL and give	naarast tov	vn)	
WING KOKAL and	OLNEY		DOA	DAMAS	scus		15	-/		
d. NAME OF HOSPIT	TAL OR INSTITUTION (i	f not in hos	pital, give straat addrass)	d. STREET ADDRESS					ESIDENCE A FARM?	
MONTGOMER	RY GENERAL H	HOSPIT	AL	P. 0.	Box 285.	RT.	3 MT. A			
3. NAME OF	First		Middle	Last	4. DATE	Month				
(Type or print)		LLIE	EDNA	NALLEY	OF DEATH	6	2	8 19	66	
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	. DATE OF BIRTH		(In years birthday)	IF UNDER 1 YEAR			
FEMALE	WHITE	WIDOWE		7-25-1895	70		Months Days	Hours	Min.	
10a. USUAL OCCUPAT	ION (Give kind of work	10b. K	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cour	nty & State, or toreig	n country)	12. CITIZEN	OF WHAT	COUNTRY?	
Housewi	orking life, even if retired	a)		FREDERICK	COUNTY MO		H	SA		
13. FATHER'S NAME	1 4			1 14. MOTHER'S MAIDEN			0.	-/1		
WILLIAM	J. CLAY			ALICE R						
15. WAS DECEASED EV	ER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address				
No No	If yas give war or dates of se	-1	-22-2397 M	EDICAL RECORD	ns.					
	DEATH [Enter only ona						4 11	ITERVAL BE	TWEEN	
	H WAS CAUSED BY	1	a ware made	Janea	- andid	Y. I.	Aton 10	NSET AND	DEATH	
200	IMMEDIATE CAUSE (a)_	60	convey of col	more and	partial	me	e un	1 10	015	
420	DUE TO	17-1	WI +		1 1-	. 0				
Conditions, if any		you	morning	Gardioval	ewen dr	our	1	oyea	10,	
gave rise to immedi (a), stating tha u	DITE TO	11.	1-4-	11124				1/10		
cause last.	nderlying (c)	Ne	abello mi	Lucio				6 44	wa	
Z PART II. OTHER	R SIGNIFICANT CONDIT	TIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE COND	ITION GIV	/EN IN PART 1(a)		AUTOPSY	
OIL								YES T	NO T	
D ACCIDENT W	AS UNDERLYING	001 000				40.1		162	NO AL	
OR CONTRIBUTING	CAUSE OF DEATH	206. DES	CRIBE HOW INJURY OCCURRI	D. (Enter nature of injury in	n Part I or Part II of If	am IB.)				
3 20c. TIME OF INJU	JRY Month, Day, Yes			ACE OF INJURY (Home, fare		wn)	(County)		(State)	
ZOc. TIME OF INJU	19	While at wor	Not While fac	tory, street, office bldg., etc	•)	,				
P.IIII		al) attac	ded the deceased from.	1/3	1055 10 6	13	8 10 6h	that (I)	(See Inch	
	1	76	ded the deceased from.		17 CAD - 10	A				
	sed alive on		1966 and that	death occurred at	J.EM, from the	causes a	and on the da	ne stated	above,	
22a. SIGNATURE		1/		ATTENDING	MED ST	AFF		, 721	SIGNED	
Tho	mes (30 /	2	N .	A.D. PHYS.	DIRECTOR PH	YS.		613	Vbb	
22c. PHYSICIAN'S NAME (Type)	1			22d. ADDRESS	20.0	13.11			120	
NAME (Type)	JAMES P. I	KERR,	M. D.	Dama	ascus, Md	•				
23a. BURIAL, CREMATI		REOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, to	wn or county)	(5	State)	
REMOVAL (Specity) Burial	July 1.	1066	Providence	Moth	Kom	ntown	n. Md.			
24 FUNERAL DIRECTOR		15	ADDRESS		C'D BY REGISTRAR			ATAIRE .		
	Molesworth	, D-		11	11 5 19		Miarley	Judg	lla.	
Olin L.	HOTESMOLIU	, DE	mascus, Md.	DATE	0 0 10	-		0		

32331 WORK STROM DESCRIPTION OF THE PARTY OF THE Recorded 285. St., Elle, Mary The state of the s STANKE BURNE CORAGON MACHINES PORCED a contract of the second secon · Learner Co. Land. JAMES S. MERRAUM. B. CHIAU 1000 To the same of the management and consider the La

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10207

1. PLACE OF DEATH a. COUNTY Mantager 2. USUAL RESIDENCE (Where deceased lived, if	
	institution: Residence before admission)
a. COUNTY Montgomery MARYLAND C. STATE Maryland	Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda c. LENGTH OF STAY IN 1b Rockville	rite RURAL and give nearest tawn)
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS	I e. IS RESIDENCE
Suburban Hospital 11807 Rockinghors	ON A FADAGO
3. NAME OF First Middle Lost 4. DATE	Month Day Year
DECEASED (Type or print) ESTHER H. NAVE DEATH	June 1, 1966
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In y	
Female White WIDOWED DIVORCED Oct. 1, 1895 70	day) Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign cauntr	y) 12. CITIZEN OF WHAT
during most of working life, even if retired) Housewife -INDUSTRY Winchester, Virgi	nia COUNTRY? U. S.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
George E. Hillyard Lillie Mae Afflec	k
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Daughter	Address
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Daughter Elsie M. Roberts	ame as Item 2.
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Crelinal / Minghases	ONDER AND DEATH
332X DUE TO _ / /	/ . /
Canditions, if any, which gave) (b) Could all alleuned	erren 6 der
rise to immediate cause (a), (DNC TO	
stating the underlying cause	
- 17	
	I to was supplied
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item	YES NO S
20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II af item OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar to	YES NO S
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year Hour a.m. p.m. 19 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 20c. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)	YES NO 18.) 18.) (Caunty) (State)
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While at work of tactory, street, affice bldg., etc.) 21. I certify that ((I) (this haspital) attended the deceased fram , 19 65, ta / 5	18.) (County) (State)
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While at work at work 21. I certify that (I) (this haspital) attended the deceased fram saw the deceased give on 31 May 19 66, and that death accurred at 3.01 M, frame.	18.) (Caunty) (State) (State) (State)
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. p.m. 19	Item (Caunty) (Caunty) (State) (Caunty) (State) (State) (Caunty) (State) (State) (Caunty) (State)
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While atwark of wark of	INO STATE OF THE SIGNED PERFORMED? YES NO STATE NO ST
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year Hour a.m. 19 20d. INJURY OCCURRED while at wark at	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year	PERFORMED? YES NO

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this cerificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages I and shauld be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, and it is veent, within 72 hours after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	UOUJU CERTIFICA	TIE OF DEATH	8588
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution:	Residence before admission)
	a. CDUNTY	a. STATE b. COUNTY	
-	b. CITY DR TOWN (of outside corporate limits, c. LENCTH DF STAY IN)	7700079797	romery
-	b. CITY DR TOWN (*) outside corporate limits, write RURAL and give nearest fown) c. LENCTH DF STAY IN	1b c. CITY DR TOWN (# outside corporate limits, write RURA	L and give hearest town)
1	akoma Park	Jakoma Park	15-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addre	ss) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
V	Vashington Sanitarium + Hospital	18310 Greenwood Avenue	YES ND
3.	NAME OF First Middle	Last 4. DATE Month	Oay Year
	(Type or print) Francis DAVId	Nichol DEATH JUNE	3 19 lob
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS.
	MALE White WIDOWED DIVORCED	last birthday) Months	Days Hours Min.
10:	a. USUAL OCCUPATION (Cive kind of workdone 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. C	CITIZEN OF WHAT
du	ring most of working life, even if retired) INDUSTRY	1 6 1 6	OUNTRY?
10	Editor-Minister		ited States
13	. FATHER'S NAME	14. MOTHER'S MAIOEN NAME	
	John Nichal	mary Fearon	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 1	17. INFDRMANT Address	
La	es, no, or unkown) (If yes give war or dates of service)	Chart	
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	C/1001	A INTERVAL PERMEEN
	PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	re tamponade	
	43/X OUE TO		- 41
	Cenditions, If any, which) (b) DISSEC	tire Anglowin	< 24h+
	gave rise to immediate	d'and a second and a second a	
	underlying seven took		
S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2)	119. WAS AUTDPSY
CERTIFICATION	<u></u>	LEMIES TO THE PERMITTEE OF SEASE OF THE PROPERTY AND A CO.	PERFORMED?
유			YES NO
F	20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY O	CCURREO. (Enter nature of injury in Part I or Part II of Item 18	3.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURREO 20e.		unty) (State)
	Wille - NOT ABILE	actory, street, office bidg., etc.)	
Σ	p.m. 19 at work at work	()	
	21. I certify that (II) (this hospital) attended the deceased from.		(i) (we) last
		that death occurred at//-274M, from the causes and on	
	22a. SIGNATURE	ATTENDANCE OF THE PARTY OF THE	DATE SIGNED
		M.O. PHYS. OIRECTOR PHYS.	-3-66
	PHYSICIAN'S NAME (Type) R. H. Sandstrom M.	P 22d. ADDRESS Carroll Ave, Takerne	· Park, Ad
238		ERY OR CREMATORY 23d. LOCATION (City, town or, co	ounty) (State)
1	REMOVAL (Specify) Their / 19/2 () MARIE (1)	whington adelphi Pally	" Co ms
24	FUNERAL DIRECTOR ADDRESS		R'S SIGNATURE
	1 2 54 ENEQUIL	-STN CO JUN 6 1966 Scharles	
	Walters Funeral Home	Thirty U IDDD X	MOSE.

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Part II

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	134033		OLKIIIIOA	IL OI DEATH		0000
	ACE DF DEATH	1			•	tution: Residence before admission)
a.	me	ntoomer	MARYLAND	maxula of	D. COUNT	Prince Carl
b.	CITY OR TOWN (If ou	tside corporate limi			itside corporate limits, write	e RURAL and give nearest town)
141	write RURAL and giv	e nearest town)		Steinots	11110	16.2
d.	NAME OF HOSPITAL	OR INSTITUTION (if I	not in hospital, give street address	d. STREET ADDRESS	1 1 1	e. IS RESIDENCE
4) ASHING	ton SAZ	+ Hospital	1907 Ch	AR 185ton Pl	DN A FARM? YES ND ND
DE	AME DF ECEASED	First	Middle	Last	4. DATE Month	Day Year /
5. SE	ype or print)	OR DR RACE 7 MA	Homas	8. DATE OF BIRTH	19. AGE (In years IE	H 19 6 6 FUNDER 1 YEAR IF UNDER 24 HRS
m	01 = 100	- 4 Amil 4	ARRIED NEVER MARRIED	1 15 01		Months Days Hours Min.
100 115	SUAL OCCUPATION (GIV	(100,1)	DOWED DIVORCED	1-13-87	19 yrs.	L 10 OITIZEN DE WHAT
during	most of working life,	even if retired)	1Db. KIND OF BUSINESS OR INDUSTRY	¥ 1.	nty & State, or foreign country)	12. CITIZEN DF WHAT CDUNTRY?
10 5	(FHILE)		Cabinet Maker	Virgin		US.H.
13. F	ATHER'S NAME	Bak	10,	14. MOTHER'S MAIDEN	NAME	
	HOMAS	OHK	Lif	KOSE		
15. W. (Yes, n	AS DECEASED EVER IN no, or unkown) (If yes g	U.S. ARMED FORCES? ive war or dates of servic	19. SOCIAL SECURITYNO. 17	. INFORMANT	Address	
				(hAR		
18	B. CAUSE OF DEATH	Enter only one caus	e par line for (a), (b), and (c).]	111		INTERVAL BETWEEN
	PART I. DEATH WA	AS CAUSED BY: DIATE CAUSE (a)	(aidn-pulmer	vary failers		6/1/1/6/6/6/6
h [2	4201	DUE TD	14	9 A Sh. 1	1 4	17900
	enditions, If any, wh	nich) (b)	Ocato Myreia	land + Holl	sichen &	
	ave rise to immedi ause (a), stating	iate (W. All A	0.1		
	nderlying cause last.	(c)_/	Mesenlan Car	moses		
O P	ART II. DTHER SIGNIFIC	ANTCONDITIONSCO	NTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION						YES ND
20	Da. ACCIDENT WAS UN	IDERLYING [20b. DESCRIBE HOW INJURY OC	CURRED. (Enter nature of In	lury In Part I or Part II of	item 18.)
S (II	R CONTRIBUTING D C F EITHER, NOTIFY ME	DICAL EXAMINER)				
EDICAL 20	C. TIME DE INJURY	Month, Day, Year		LACE DF INJURY (Home, farm		(County) (State)
03	Hour a.m.	19	While Not While at work	tory, street, office bidg., etc.	"	
Σ			attended the deceased from_	6/5/ 196	26 40 6/6	. 196 E. that (I) (we) last
	saw the deceased	1/4	// //	at death occurred at	To Maron the causes as	nd on the date stated above.
22	2a. SJONATURE	alive vii	119 4, and th	ial pearli becuired at Zz		22b. DATE SIGNED
	Axon 11 x	Slich	ON "	I.D. PHYS.	ED. STAFF PHYS.	
2	2e. PHYSICIAN'S	14 -6	1 100	1 22d. ADDRESS	RECTOR L. PHES. L.	60.0
	NAME (Type)	14-7 NIXX	HICKFIELD!	2 6846 t	950 Rd 6	40175 PYH,
23a.	BURIAL, CREMATION, REMOVAL (Specify)	236. DATE THERE	OF 23c. NAME OF CEMETE	RY OR CREMATORY	230. LOCATION (City, tow	n or county) (State)
	Burial	6-7-66	Fort Lincoln	Cemetery	Bladensburg	Maryland
24.	FUNERAL DIRECTOR		ADDRESS		BY REGISTRAR 25b. REG	
Wil	thelm Funera	al Home 4	308 Suitland Rd 9	Suitland HIN A	1: 1000 mil.	.V. O. 100

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pursician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prese remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. A15

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	Division	in or oralloridae i	and the state of t		-1, -1111111111111111111111111111111111	1110 11101
	08701		CERTIFICAT	E OF DEATH		08691
	PLACE OF DEATH			2. USUAL RESIDENCE (W	there deceosed lived, if institution b. COUNT	
	b. CITY OR TOWN (If outside		MARYLAND c. LENGTH OF STAY IN 16	11 ar	side corporate limits, write RUR	Montgomery
	write RURAL one give n	eorest lown)	5 WKS + 2 days	Charles 10WN (II 60II	2 1	AL one give neorest town)
-	d. NAME OF HOSPITAL OR I			d. STREET ADDRESS	Chase	e. IS RESIDENCE
	Resmor	Sanita	arium	6908 S-	trath more	114 YES NO P
1	NAME OF DECEASED (Type or print)	Son	A Middle	Sburn,	4. DATE OF Month	0.0
S. :	SEX 6. COI	OR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
	m	WIDO		7eh 17th 18.		4 12
duri	. USUAL OCCUPATION (Give king most of working life, eve	n if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	111 / 1	Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	S GOVERNME	Ut Employee		14. MOTHER'S MAIDEN N	AME INLA	TUSE
	Alvin	Osburn		Margaret	Simmons	
15. (Ye	WAS DECEASED EVER IN U.S sno, or unknown) (If yes g	ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addres	
, I				rs. Rosa Os	sburn-Wife-Sa	me as Item #2
	PART I. DEATH WAS	nter only one cause per lin CAUSED BY: MMEDIATE CAUSE (o)	ne for (o), (b), and (c).)	ular acc	ident	INTERVAL BETWIEN OWSET AND DEATH
	321X	DUE TO (un Verdavo	tadocator	2610	100000
	Conditions, if ony, which rise to immediate couse	(o), (DUE TO	creptor al	Cello 2016	10912	
	stoting the underlying o	ouse (c)				
7	PART II. OTHER SIGNIFICA	NT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMEDS.
CATIO	avsb	ected to	rondophenn			YES NO
L CERTIFICATION	20o. ACCIDENT WAS UNDER OR CONTRIBUTING ☐ CAU (IF EITHER, NOTIFY MEDICA	E OF DEATH	Db. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in F	Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Mo Hour o.m.		and of the state of the state of	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
W	p.m.	19	t work U ot work U		11 6 0	1000 11 100 1 11
	21. I certify that saw-the decease		ittended the deceased fram	at death occurred at		, 19 66 that (1) (we) last and an the date stated abave.
	220. SIGNATURE		0 0		MED. STAFF	22b. DATE SIGNED 1
	-NZCO, SO	2-th	Cary Ver	I.D. PHYS.	DIRECTOR PHYS.	16/29/1001
	22c. PHYSIÇAN'S NAME (Type)	broe-14	GRAY-JR.W	D. 22d. APPRESS	4 Chase,	Montdom, Md.
230	8URIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF 7/1/1966	23c. NAME OF CEMETERY OF		23d. LOCATION (City of Tow	
	. FUNERAL DIRECTOR	1/1/1000	ADDRESS		Prince Geor	NICTO A DIC CIQUIATURE
	bert A. Pur	nphrev F	Bethesda. Marv			Cliantes Judge

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. af Health prior to burial, cremation, ar remayor and in any event, within 72 hours after death 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. VR A15 (4) 20 M 1/66

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FOP STATE HEALTH DEPT.

TO DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pager 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

	2107 214 7					
Division of STATI	STICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET	, BALTIMORE	1, MARYLANI
08702	MEDICAL	EXAMINER'S	CERTIFICATE	OF D	DEATH	08692

1. PLACE OF DEATN	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admis
a. COUNTY Montgomery MARYLAND	a. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (if outside corporate limits, i.e. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest to
Chevy Chase 12 years	Chevy Chase 15-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDE ON A FAR
3939 Newdale Road	3939 Newdale Road YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) BERTHA COLEMAN	OSTERMAN DEATN June 19, 1966
7. MARKIED A REVER MARKIED	8. OATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 Iast birthday) Months Days Hours Months Days Months Months Days Months Months
	sept.27, 1882 85 yrs. 8 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife	Washington, D. C. U. S.
13. FATNER'S NAME	14. MOTHER'S MAIDEN NAME
William ^C oleman	Jeannie Boone
15. WAS OECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Daughter 8915 Montg. Ave.
No 577-30-5684-B	Mrs. Mason Weadon_Chevy Chase, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEE
PART I. DEATH WAS CAUSED BY: Coronary Insuff	ciciency Acute Sudden
4201 DUE TO	
Conditions, if ony, which hypertensive ca	rdiovascular Disease Years
gave rise to immediate (ceuse (e), stating the DUE TO	
underlying cause last. (c)	
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME
Osteo-Arthritis	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELA OSTEO-Arthritis 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCUPATION OF CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto of While p.m. 19 work of	RREO. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State
Hour a.m. While Not While	ry, street, office bldg., etc.)
p.m. 19 et work et work 21. I certify that I took charge of the remains described above, hel	d an Autopsy , Inspection , Inquiry , and In my opi
	cide . Homicide . Undetermined manner
death resulted from: Natural causes 💢, Accident 🗌, Sui	CHIEF MEDICAL EXAMINER
SIGNATURE John S. Ball	ASSISTANT MEDICAL EVANINED TO A 22. DATE SIG
SIGNATURE	DEPUTY MEDICAL EXAMINER (6/9/66
EXAMINER'S JOHN G. BALL	Address (Street, cily, town, or county) Bethesda, Md.
23a. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State
Burial 6-22-66 Glenwood Ce	emetery Washington, D. C.
24. FUNERAL OIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey, Bethesda, Ma	arylandare UN 2 1 1966 filances guarde

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Robert J. Numphrey, Lenterda, Sarvieta III 9 1 1865 / Valida Jack

ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAFE DEPA PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) o the funeral director. Page a retained for your files. The State Department a. COUNTY b. COUNTY: Montgomery Montgomery MARYLAND Department death. b. CITY OR TOWN (if outside corporete limits. e. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) Silver Spring Silver Spring hrs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 8201 16th Street Holy Cross Hospital 3. NAME OF First Middle Last 4. DATE with the 5 DECEASED OP (Type or print) Frank DEATH Palev June 3 to t 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED Giv Pages 1, 2, and 3 true Pages 1, 2, and 3 true PM3. Page 5 may be fife pages 1 and 2 with any event within 72 true pages 1 and 2 true PM3 within 72 true pages 1 and 2 8. DATE OF SIRTH AGE (In years | IF UNDER 1 YEAR | last birthday) Months White Male WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Property Manager Real Estate Russia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in any FIG Phillip Paley kachel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Son, Ad dress permir. (Yas, no, or unkown) | (Ifyesgive war or detes of service) and With Stephen Paley Grosvenor Pl. Rkvl., Md. MEDICAL EXAMINER: This certificate should be executed in pencil in Item 18. CAUSE OF DEATH |Enter only one cause per-line for (a), (b) and (c). removal, Office along burial-transit PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO ō Conditions, if eny, which cremation please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's COPUNERAL DIRECTOR: Page 3 should be used as a b geve rise to immediate cause DUE TO (e), steting the underlying cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION burial, 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2 PRIMARY | or CONTRIBUTING | prior CAUSE OF DEATH. Chief 3 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) While designated agent, Hour a.m. Not While at work et work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from: Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER or its SIGNATURE EXAMINER'S NAME (Type) Health 22a, BURIAL, CREMATION, 7 22b. DATE THEREOF 22d. LOCATION REMOVAL (Specify) Fal Church. Garden S 6/10/66 Burial 23. FUNERAL DIRECTOR Wash. D.C. REC'D BY REGISTRAR I 24b.

Danzansky and Sons 3501-14th St.N.W.

. IS RESIDENCE ON A FARM?

YES NO A

19 66

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

(State)

and in my opinion

DATE SIGNED

Days

(County)

Va.

66

U.S.A.

Year

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tems 18-21 Film G378 MARYCAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY MONTGOMER 1014/200 ontgomer MARYLAND y delay is necessary, and 3 to the funeral A3. Page 5 may be Department after death. b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) write RURAL and give nearest town) Tockville e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Street Bickson State hours 116 Cario -ane NO X DATE Month Day Year NAME OF Middle DECEASED the 72 J.Dne DEATH 1966 (Type or print) 1945 2 with within Give Pages 1, ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 5. SEX 8. 9. 4. MARRIED office along with form NEVER MARRIED last birthday) Months | Days Hours | Min. 24 hours after death. In Item 18. Give Pages 11. BIRTHPLACE (State or foreign country) WIDOWED DIVORCED event 10a. USUAL OCCUPATION (Cive kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY an bages 1 in any MOTHER'S MAIDEN NAME 13. FATHER'S NAME PHOSOA and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT " in pencil in L Examiner's Of (Yes, no, or unkown) (If yes give war or dates of service) permit. DEPUTY MEDICAL EXAMINER: This certificate should be executed within lease execute the certificate, writing the word "pending" in pencil in rector. Page 4 should be forwarded to the Chief Medical Examiner's, INTERVAL BETWEEN CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit cremation, or 1 Subdural hemorrhage, massi hour IMMEDIATE CAUSE (a). DUE TO 1/2 hour Trauma to old head injury Conditions. If any, which (b) gave rise to immediate DUE TO cause (a), stating the used as a to burial, B underlying cause last. (c) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PERFORMED? CATI Acute and chronic alcoholism YES X NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) CERTIFI 20a. EXTERNAL CAUSE WAS PRIMARY ☑ OF CONTRIBUTING ☐ CAUSE OF DEATH. or or head Pil 3 should agent, p 20f. (City or town) (County) (State) MEDICAL 1 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) While 1966 Rockville Home Montg. Md. JIRECTOR: Page its designated a at work __ at work 4 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection inquiry X. FUNERAL DIRECTOR: f Health or its design Homicide Undetermined manner Accident X Suicide death resulted from: Naturai causes execute the Page 4 s CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER Ton SIGNATURE please execuidirector. Pag retained for y DEPUTY MEDICAL EXAMINER **EXAMIRER'S** Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. 0 REMOVAL (Specify) Arlingtoh, Va. 6/15/66 Arlington National Burial REC'D BY RECISTRAR | 25b. RECISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR Rockville.

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The street maderally at the thing when the Contract

22. DATE SIGNED

2So. REC'D BY REGISTRAR

1966

TO DEPUTY MEDICAL EXAMINER: This ce necessory, please execute the certificate, where the funeral director. Page 4 should be forw to be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be use the other prior to but the prior the prior to but the prior to but the prior to but the prior to but the prior th

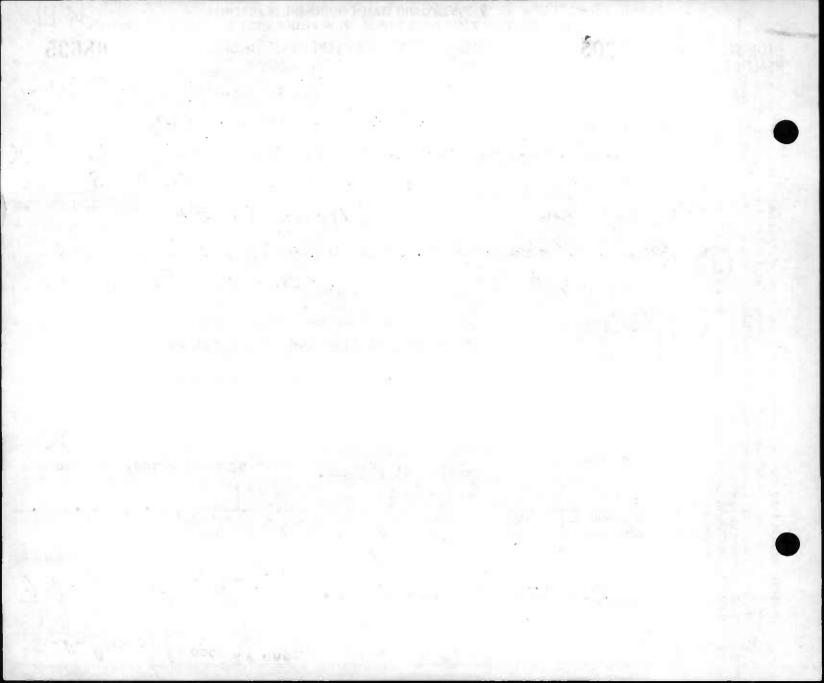
ACTUAL

SIGNATURE

EXAMINER'S

24. FUNERAL DIRECTOR

BURIAL CREMATION.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08706	CERTIFICATE	OF DEATH		08696
1.	PLACE OF DEATH a. COUNTY / PONTSOMER /	MARYLAND	2. USUAL RESIDENCE ()	Where deceased lived, if institution by COUNT	
6	by CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	Rockert	utside carparate limits, write RURA	15-1
5	d. NAME OF HOSPITAL OR INSTITUTION (If not in he wherhen Hospe	tel o	d. STREET ADDRESS	inchery aux	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Aymond	GUALTER TE	1 Lost 1 ARICK	4. DATE Month OF DEATH	8 1966
n	nale white wi	DOWED DIVORCED	9-3-5/	9. AGE (th years lost birthday)	Months Doys Hours Min.
due	. USUAL OCCUPATION (Give kind of work done ing grost of working life, even if retired) FATHER'S NAME	10b. KIND OF BUSINESS OF GOUT.	11. BIRTHPLACE (County	& Stote, or fareign country	12. CITIZEN OF WHAT COUNTRY?
	WAS DECEASED EVER INUS. ARMED FORCES?	L Piętruszewsk 16. Social SECURITY NO. 17.	1) Flor	ces mac	alsli
(Ye	1 100	201-24-6287 W	jle-Pauli	ne Same as	above) INTERVAL BETWEEN
	DADT I DEATH WAS CALISED BY	Cirrhosis, Laennec	1 _S		ONSET AND DEATH
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse	chronic alcoholi	sm		10 years
VIION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in	Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Yeor Hour a.m. p.m. 19	While at wark factor	E OF INJURY (Hame, farn ary, street, affice bldg., etc.		(County) (State)
	21. I certify that (I) (this hospital saw the deceased alive an Ja	attended the deceased fram	Nov. 30 , death accurred at	19 <u>55</u> , ta <u>June</u> <u>8</u> 130 <u>A</u> M, fram causes c	, 19 <u>66</u> , that (i) (we) la and an the date stated abav
	22a. SIGNATURE	neell M.C	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
00	22c. PHYSICIAN'S NAME (Type) Allow J. O	Neill MS 1 23c, NAME OF CEMETERY OR C	8601 olg	Georgesoww,	Pd, Bellesde vn) (County) (State)
K	REMOVAL (Specify) 11 June	1966 Mt. Olivet Cen	netery	Carverton, Pe	, , , , , , , , , , , , , , , , , , , ,
-	arner & Pumphrey In	8434 Georgia Ave Silver Spring. 1	enue IIII	2 2 2	Clarles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending proving any condition on completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pages remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 moy be retained by the hospital or attending physicion.

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VR A15 (4) 20 M 1/66

acase - Secretario (1997) And the second 1 are Attack co. - p_two_t; 14 Such Page 14. Chine Chambreau Camarien Sentre Control of the Co

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH completely filled in by the funeral nove corbon papers. Pages I ond o. COUNTY b. CITY OR TOWN (If outside corporate limits, write BURAT and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b hours days bon papers. within 72 ha nat in haspital, give street address) 3. NAME OF Middle Lost DECEASED (Type or print) S. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove DIVORCED WIDOWED puo 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most af working life, even if retired) INDUSTRY ealestate Kealator 13. FATHER'S NAMI

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b COLINTY rence Georges

c. CITY OR TDWN (If autside corporate limits, write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM2

4. DATE Manth Day Year OF DEATH 19 66 IF UNDER 1 YEAR AGE (In years lost birthdoy) Manths

. BIRTHPLACE (County & Stote, or foreign country)

14. MOTHER'S MAIDEN NAME

Hannon Street

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

ONSET AND DEATH

12. CITIZEN OF WHAT

COUNTRY?

PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

17. INFORMANT

WAS AUTOPSY PERFORMED? YES X

INTERVAL BETWEEN

20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year

WAS DECEASED EVER IN U.S. ARMED FORCES?

PART 1. DEATH WAS CAUSED BY

Canditians, if any, which gave rise to immediate cause (a),

stating the underlying cause

last.

22

CERTIFICATION

gorunknown) (If yes give war or dates of service

IMMEDIATE CAUSE (a)

DUE TO

DUE TO

20d. INJURY OCCURRED Nat While While

16. SOCIAL SECURITY NO.

579-07-821

20e. PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

(City or town)

(County) (State)

Haur o.m. 19 at work 21. I certify that (1) (this hospital) attended the deceased from

the date stoted obove.

Georges

saw the dece	sasea onve an	19	ia illoi a	eom occor	ieu ui	0	m, III	111 6002	ez our	3 011	me ut	JIE
o. SIGNATURE	buyn	ing'	M.D.	ATTENDING PHYS.	M	MED. DIRECTOR		STAFF PHYS.		22b.	DATE SIG	SNED
. PHYSICIAN'S NAME (Type)	FIND	MAGI		22d. ADDR	ESS	Unive	nsi	4/3/1	id. L	=	Sil	Re

22c. PHYSICIAN'S NAME (Type)	EINO	MAGI
BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEME

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town)

(County)

Burnay (Specify) 24. FUNERAL DIRECTOR

ncoln Cemeteru

250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

ond in ony pleose physicion cremation, or removal, attending pmy signed by the c buriol-transit p physician. buriol. as the ottending hos been Stote Dept. of Health TO FUNERAL DIRECTOR: After this certificate the hospital or OR ATTENDING PHYSICIAN: for detached be retoined by shauld be with the director, poge 3 should be filed v

VR A15 (4)

20 M 1/66

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ATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, il institution: Residence before edmission) a. COUNTY e. STATE the funeral director. Page retained for your files. b. COUNTY is necessary, jo down MARYLAND MODTAMERY Department death. b. CITY OR TOWN (if outside exporate limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give neerest town) RINA RING d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS and 3 to the funeral State hours after ROSS 3. NAME OF DAT Middle DECEASED with the 72 hours OF (Type or print) DEATH PEARMAN 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR ge 5 may be and 2 with within 72 last birthdey) Months WIDOWED DIVORCED Pages 1, 2, 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? m PM3. Page done during most of working life, even it retired) pages 1 ELECTRICAL

13. FATHER'S NAME YOURDEY MAN' 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT Address in pencil in Item 18. (If yes alve wer or detes of service) permil with 18. CAUSE OF DEATH [Enter only one souse per line for (a), (b), and Office along burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) onld be DUE TO 50 geve rise to Immediate cause Ø DUE TO 98 (e), steting the underlying Examiner nsed cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART CERTIFICATION lease execute the certificate, writing the word "should be forwarded to the Chief Medical Ex FUNERAL DIRECTOR: Page 3 should be uealth or its designated agent, prior to burial, 20e. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home form. fector, street, office bldg., atc.) While Not While, et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection DICAL death resulted from: Natural causes Accident Homicide Undetermined manner Spicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY EXAMINER'S NAME (Type) 22a. BURIAL, CREMATION, DATE THEREOF NAME OF CEMPTERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify)

e. IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS.

INTERVAL BETWEEN

PERFORMED? YES NO

(Stete)

and in my opinion

DATE SIGNED

(County)

24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

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BURIAL 23. FUNERAL-DIRECTOR STATING TO STATE OF S า เมื่อสาราช (การาชานาราชานาราชานาราชานาราชานาราชานาราชานาราชานาราชานาราชานาราชานาราชานาราชานาราชานาราชานาราชาน end in a short of a color of the color of the MATURE 14

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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00101	CERTITIONIE	OI DEATH	- 1!	0000
1. PLACE OF DEATH a. COUNTY DESCRIPTION Montgome	ery Maryland	2. USUAL RESIDENCE (Where deceased lived o. STATE Maryland		e before odmission) ontgomery
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate limits Rockville	s, write RURAL and give	nearest tawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in Montgomery General !	n haspital, give street address)	d. STREET ADDRESS 4525 Muncaster Mill	I Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Mary	Middle NMN E	last 4. DATE OF DEATH	Manth 6	Day Year 238 19 66
s. SEX Female 6. COLOR OR RACE White	MARRIED NEVER MARRIED ☐ I WIDOWED ☑ DIVORCED ☐	B. DATE OF BIRTH 9. AGE (60 to 60	In years IF UNDER 1 pirthday) Manths yrs.	YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY GOUT.	11. BIRTHPLACE (County & State, or foreign countries of Michigan	COU	ZEN OF WHAT INTRY? USA
13. FATHER'S NAME Issac McKenzie		14. MOTHER'S MAIDEN NAME Clara Dodge		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknawn) (If yes give war or dates af so	ervice) 16. SOCIAL SECURITY NO. 17. 1	INFORMANT David Peigh, 452	25 Minicaste beck, Mary	r Mill Rd.
1B. CAUSE OF DEATH (Enter anly one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Peritonitis			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove isse to immediate couse (a),	Pertoration	of stomach		24 hrs
last. (c)	Use of he vine	the terminal disease condition given in pa		I was AUTOPSY
20a. ACCIDENT WAS UNDERLYING 20 CONTROL WAS UNDERLYING 20 THE PROPERTY OF TH	s, basilor artery ,	nouskoiency, diable	tes mellet	19. WAS AUTOPSY PERFORMED? YES NO
		(Enter power of injury in Part I ar Part II of it		•
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	While Not While fact	ary, street, office bldg., etc.)	ar tawn) (Cou	
sow the deceased alive on	tat) ottended the deceased fram	t death occurred of 30P M, from	n couses ond on th	6, that (I) (we) lose date stated above
220. SIGNATURE Ledeuck	B moomere M.	D. PHYS. 🖺 DIRECTOR 🔲 F	STAFF	- 24 - 66
22c. PHYSICIAN'S NAME (Type) Frederic		medical Cent	in, Sand	ly Spring, In
23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THERE 27.	1966 Parklawn Cen	netery IKK Ro	ickville, Mo	(County) (Stote) entgomery, Ma
24. FUNERAL DIRECTOR Commence of the season	as 8434 Georgia Aver	DATE 111N 2 8 19	25b. REGISTRAR'S SI	Cley Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Their predict remove carbon papers. Pageshould be filed with the State Dept. of Health prior to burial, cremation, or remover, and in any event, within 72 hours

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physician and campletely filled in by the funeral

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

08700

1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Wheaton c. LENGTH OF STAY IN 1b ??	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Silver Spring
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4007 Randolph Road	d. STREET ADDRESS 11506 Connecticut Avenue e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ESTHER First W. Middle PE	PRETZ 4. DATE Manth 6 Day Year 66 7 1966
TO MINIED THE PER NO MINIED	8. DATE OF BIRTH June 12, 1893 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Haurs Min. M
10a. USUAL OCCUPATION (Give kind af wark done during mast af warking life, even if retired) Housewife	Baltimore, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Wilfson	Varina Winternitz
[Yet no or unknown] . If we give wat or date of service)	dgar Perretz- Son Same as Item #2
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1 INFARCTION INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which gave rise to immediate (b) Cononstruy	KRIENY DISERSE 10 YRS.
cause (a), stating the <u>under-</u> lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part I ar Part II of item 18.)
	ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) ctary, street, affice-bldg., etc.)
21. I certify that (I) (this topital) attended the deceased fram.	8/12/1963 to $6/7$, 1966, that (1) (we) last death accurred at $16M$, from the causes and on the date stated above.
220. SIGNATURE SOLDENING	M.D. PHYS. DIRECTOR PHYS. 0 6 7 6 7
PANE NO DENSERLE	10620 Jeagen Mayland
230. BURIAL, CREMATION, REMOVAL (Specify) 6/7/1966 Cedar Hill C	rematory Suitland Maryland
24. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey Bethesda, Ma	aryland 250. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE

OSTRO 11508 Connection, Avenue Ser Malobret 180 da 1: 2: 486F , 81 onut nosilew mails 7-Se maile a entre - con nec - cerrel con se naterialità THE REPORT OF THE PERSON OF TH

Subsit A Pumphray Spinouda, Maryland Hall & 1866, 200, 10 10

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08711

CERTIFICATE OF DEATH

08701

		PLACE OF DEATH a. COUNTY . MON	TGOMERY		MA	RYLAND	2. USUAL RESIDENCE a. STATE D.C.	(Where dec	eased lived, if institu b. COL		pefare admissi	ian)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) BETHESDA, MARYLAND					c. CITY OR TOWN (If Washing			JRAL ond give ne	eorest town)		
0	C		SANITARIUM				d. STREET ADDRESS 2701-36th	St.,	N.W.		e. IS RESI ON A F YES	DENCE ARM? NO
		NAME OF DECEASED (Type or print)	William	st	Middle L	Pet	Lost C ers	4. DAT OF DEA	Tuno	1th 30	Doy Ye	66
	5. 5	Male .	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARR		8. DATE OF BIRTH Feb. 18, 1	.898	9. AGE (In yeors lost birthdoy) yrs.	Manths Do	AR IF UNDE	Min.
	durii	ing mast of working US NAVY	(Give kind af work done life, even if retired)	IN.	IND OF BUSINESS OR DUSTRY IS Gov! t		11. BIRTHPLACE (Coun	New Y		12. CITIZE	N OF WHAT	
	13.	FATHER'S NAME	Richard				14. MOTHER'S MAIDEN	N NAME	e e			
	15. (Yes	MAC DECEACED EVE	R IN U.S. ARMED FORCES? (If yes give wor ar dotes of WW II	f service) 16.	SOCIAL SECURITY NO.		NFORMANT		Add	30160		
		18. CAUSE OF DE	ATH (Enter only one cou H WAS CAUSED BY: IMMEDIATE CAUSE	se per line for	(a), (b), and (c).)	102	ife & Sor	lec	Same	as 2d	INTERVAL BET ONSET AND I	
		Canditians, if ony, rise to immediate stoting the under lost.	e cause (o),	(b) C TO (c) C	erebi	al	Vone	clor	acci	Les es	٤	
0	ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT R	ELATED TO	THE TERMINAL DISEASE C	ONDITION G	IVEN IN PART 1(o)		19. WAS AUT PERFORM YES	OPSY NO A
	MEDICAL CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DE	ESCRIBE HOW INJURY	OCCURRED.	(Enter nature af injury i	n Port 1 ar I	Part II af item 18.)			
	MEDICAL	20c. TIME OF INJU Hour o.n p.n	10	20d. II While of wor	NJURY OCCURRED Not While		CE OF INJURY (Home, fo ary, street, office bldg., et		f. (City or town)	(County)	(State)
		saw the de	fy that (I) (this has ecoased glive an_	pital) atten	ded the decease		t death accurred of	19 7 45 at 7 45	M, from causes	and an the	, that (I) (date state	we) last d abave.
	5	220. SIGNATURE	Thew?	1.6	Jerge	> M.I		MED. DIRECTOR	STAFF PHYS.	226. DATE	SIGNED	
/		22c. PHYSICIAN'S NAME (Type)	9/09	- /2	ofhon	or Va	22d ADDRASS	te b	hent	E. Ve	vges)
	230.	BURIAL, CREMATIC REMOVAL (Specify Burial	Jul 5	REOF 66	23c. NAME OF CE		REMATORY Vat Cem	1	LOCATION (City or To		ωγ) (s Va.	stote)
0	24.	LE TUNERAL DIRECTO		ne.	Heeshin	alon	250. RE	C'D BY REGI	STRAR 2Sb. R	REGISTRAR'S SIGN	ATURE	ge

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2	A.)	08712	CERTIFICATE	OF	DEATH		087	02
1 and 2		1	PLACE OF DEATH O. COUNTY OR OF THE STATE O	MARYLAND	m	TATE	ere deceosed lived, if institu b. COU	NTY Present	Denne
papers. Pages 1 hin 72 haurs after		5	b. CITY OR TOWN (If outside conjorote limits, write RURAL ond give nearest town) CASE S R. N. G d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	c. LENGTH OF STAY IN 16 3 Mants Day itol, give street oddress)	H	VATIS V	de corporote limits, write RU	RAL ond give neore	e. IS RESIDENCE ON A FARM?
pape r	90	72	NAME OF First	Home	34	104 LI	ANCER O	th Day	YES NO X
ve carban event, wit			DECEASED (Type or print) RUTH &	. PETTINGIII	,		OF DEATH	12	1966
nave nv eve		5.	Emale 6. COLOR OR RACE 7. MARK			OF BIRTH 4 1906	9. AGE (In years lost birthday)	Manths Doys	Haurs Min.
en please remave carban aval, and in any event, with	F	duri	ing mast of working life, even if retired)	Db. KIND OF BUSINESS OR INDUSTRY	11. BII	rince Ge	stote, ar fareign country)	12. CITIZEN O COUNTRY	
hen p			FATHER'S NAME	n:Th	TA MC	THER'S MAIDEN NAME A	14		
permit. T		(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknown) (If yes give war ar dotes af service)	16. SOCIAL SECURITY NO. 17. IN 215-10-1849 Pe	FORMA		er Same as		
transit cremat			IB. CAUSE OF DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		PN	Remo	Ria	IN ON	TERVAL BETWEEN NSET AND DEATH
			Canditians, if ony, which gove nise to immediate couse (a), stating the underlying cause lost. (b)	1 statule	مرو	sydin	The Ixo	u de	
far use as the Health priar ta		ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO TH	IE TERM	INAL DISEASE CONDI	TION GIVEN IN PART 1(o)	3 A V - C	WAS AUTOPSY PERFORMED? YES NO
		L CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRED. (I					
shauld be detached ith the State Dept. a		MEDICAL	Haur a.m.			URY (Home, form, t, affice bldg., etc.)	20f. (City or town)	(County)	(State)
uld be			21. I certify that (1) (this hospital) a sow the deceosed alive on	ttended the deceased from	death	occurred of			hot (1) (we) los te stoted above
. <			220. SIGNATURE Role	M.D.	ATTE PHY		ED. STAFF RECTOR PHYS. C	22b. DATE SIGN	NED G G
director, page 3 shauld be filed	1		22c. PHYSICIAN'S NAME (Type) BOR IS K	ABKINMS	220	d. ADDRESS	weisty Blo	16.4	
directo		230	b. BURIAL, (REMATION, REMOVAL (Specify) Burial 6/15/66	23c. NAME OF CEMETERY OR C			23d. LOCATION (City or To	iwn) (Count	
A15 (4) M 1/66			FUNERAL DIRECTOR	Arlington N	at10	2So. REC'D B	- 0	EGISTRAR'S SIGNATU	Va.
M 1/66		F	rancis Gasch's Sons H	yattsville, Md.		DATE	1 6 1966 1	A COLOR	1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FINNERAL DIRECTOR: After this certificate has been sinned by the attending physician and completely filled in by the funeral

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician,

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

CERTI	FIGALE OF BEATH
1. PLACE OF DEATH a. COUNTY Montgomery	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Montgomery
I M	ARYLANO PIGLIS PROTEGORIELY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Von sing ton	
Kelistik toli	Relisting ton
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stre	I ON A FARM?
4116 Wexford Court	4116 Wexford Court YES NOW
3. NAME DF First Middle DECEASED (Type or print) SARAH BLANCHE	PICKRELL 4. DATE JONE 15 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR	RIEO [8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White widowed □ olvoi	Tan 21 1050 1 dast pirtnday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	COUNTRY?
Student	Washington, D. C. U. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George McCaw Pickrell, III	Gladys Moss
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURIT	NO. 17. INFORMANT Father Address Same as
(Yes, no, or unkown) (If yes give war or dates of service) None	George McCaw Pickrell, III
18. CAUSE DF DEATH [Enter only one cause per lipe for (6), (b), ar	d (c).) INTERVAL BETWEEN
PART I. OEATH WAS CAUSED BY:	JANA ALL & WARM (1) ONSET AND DEATH
IMMEDIATE CAUSE (a)	many chequit
Conditions If any which	Allanthe ale 11
Conditions, If any, which gave rise to immediate	My wire of the state of the sta
cause (a), stating the DUE TO	I . The state of the state of
underlying cause last. (c)	ue toto et lone
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
a) Ustro CU/	and Cauda Equinal YES NO N
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	VIURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURREN) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not While at work at work	Tautory, salvet, of moodings, etc.)
21. I certify that (I) (this hospital) attended the decease	d from Oct. , 19,63 to 6 - 15 , 1966, that (1) (we) last
saw the deceased alive on 6 1906	, and that death occurred at M, from the causes and on the date stated above.
22a. SIGNATURE/	22b. DATE SIGNEO
Wohnel I Shitadeen	M.O. PHYS. MEO. STAFF PHYS. 6-15-66
22C. PHYSICIAN'S NAME (Type) ORERT THIRAD	EAU 22d. ADDRESS ING TON. Mp.20795
	F CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	
Burial 6-15-66 Arling	1 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
ROBERT A. PUMPHREY, BETHESDA	MARYLAND
The second secon	DATEUN 17 1958 Clearles Judge

201730 52091 Parole Post of Line and Company of the Company of t Feorga Madin Elakural, III Fladys Mosa (* 1946) Tit Limping Control pang ann The same of the sa Alminist delign to a land of the contract of t The state of the s

	MARILAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STA	TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, B.	ALTIMORE 1, MARYLAND
00716	CERTIFICATE OF DEATH	08704

ų.		110	
ľ	1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Res	idence before admission)
1	MONIGOMERY MARYLAND	a. SIALE	meny
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL)	nd give nearest fown)
1	Diluck Spring	SILVER SPRING	15.1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	NOLY CROSS NOSP	18715 TWEY DRANCH 1	YES ND
	3. NAME OF First Middle	Last 4. DATE Month	Day Year
	(Type or print) LOUIS La 7	PIERCE DEATH 6	1966
1	5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 Months D	YEAR IF UNDER 24 HRS.
	MIDOWED DIVDRCED	7-24-12 53 yrs.	
1	10a. USUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR during most of working life, even if retired) INDUSTRY	COU	IZEN DF WHAT INTRY?
	Mgr. Peoples Drug Store	Virginia US	A
1	13. FATHER'S NAME	14. MDTHER'S MAIDEN NAME	
	Henry V. Pierce 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17.	Belle Pierce	
1	(Yes, no, or unkown) (If yes give war or dates of service)		
		s. Barbara E. Pierce - Wife	
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	12.21	DNSET AND DEATH
ı	IMMEDIATE CAUSE (a)	ermonage	4 days
1	33/1 DUE TD bles to the state of the state o		E-6410
1	cenditions, If any, which gave rise to Immediate (b)	un	5 6 14
1	cause (a), stating the DUE TO		
	Underlying cause last. (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
	A STATE OF THE STA	in the second se	PERFORMED?
	20a, ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HDW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	IES NO P
	G CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	2 factor	CE DF INJURY (Home, farm, 20f. (City or town) (Country, street, office bldg., etc.)	ty) (State)
	Hour a.m. While Not While p.m. 19 at work at work		
	21. I certify that (I) (this hospital) attended the deceased from	1960, to June, 1960	that (I) (we) last
		death occurred A 20 A M, from the causes and on the	
	22a. SIGNATURE	ATTENDING MED STAFE	TE SIGNED
	22c, PHYSICIAN'S M.D.	PHYS. ADDRESS DIRECTOR PHYS. 6/1	/00
	NAME (Type) William D. Aud, M.D.	9006 Colesville Rd., Silver	Spring, Md.
1	23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME DF CEMETERY	DR CREMATORY 23d. LDCATION (City, town or coun	ty) (State)
	Buy magge signed you craim	ory Richmondin	'
1	24. FUNERAL DIRECTOR ADDRESS	254 PEC'D BY REGISTRAR 254 BEGISTRAR'S	GNATURE
	Joseph W. Dliley Mchand, U	a. DATE	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or female, and in any event, within 72 hours after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00715 CERTIFICATE OF DEATH

DOGT	•		CERTIFICA	TIL OI DEF	*****			110 (11)	1	
PLACE OF DEATI					IDENCE (Whe	ere deceosed liv		on: Residence bef	ore odmissi	on)
o. COUNTY	TUTO LATERA		MARYLAND	o. STATE	TGTPT	CT OF	COLLIMB			/
b. CITY OR TOWN	NTGOMERY I (If outside corporate limits,	10	LENGTH OF STAY IN 1b					AL ond give neor	est town)	
write RURAL	and give neorest town)							11.	7 5	
	HESDA		15 Days		INGTON			4	e. IS RESI	DENCE
d. NAME OF HOS	PITAL OR INSTITUTION (If not	in hospitol, give	street oddress)	d. STREET ADD					ON A F	ARM?
SUB	JRBAN			3549	UESAL	A STRE	ET N.W		YES	NO X
3. NAME OF	First		Middle	Lost	4	4. DATE	Month	h De	by Ye	ar
(Type or print)	ARCHTBAL	.D	В.	POORE	7-17	OF DEATH	JUNE 29	9	19	66
S. SEX		7. MARRIED		8. DATE OF BIRT	Ή	9. AG	E (In yeors	IF UNDER 1 YEAR	IF UNDER	R 24 HRS.
MATE	Lorrero	WIDOWED	DIVORCED	3/29/96	5	7	t birthdoy) O yrs.	Months Doys	Hours	Min.
MALE Do LISHAL OCCUPAT	ON (Give kind of work done		OF BUSINESS OR			Stote, or foreign		12. CITIZEN	OF WHAT	
during most of worki	ng life, even if retired)	INDUS	STRY		'			COUNTRY	?	
SHEET	META1	daley	HOPPER CO			CON D.C	•	U.S.	A	
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NAI	MŁ				
JOSEPH	POORE			VERO	GIE RO	BEY	100			
IS. WAS DECEASED	VER IN U.S. ARMED FORCES?		CIAL SECURITY NO.	17. INFORMANT			Addre	\$2	12.4	
NAVAY	(If yes give wor or dotes of :	service) 216	-01-1356	JANE I.	POORE	-Wife	-Same	as Iten	n #2	
	DEATH (Enter only one couse	nor line for (a)	(b) and (c))	014,2 20					NTERVAL BET	TWFFN
	EATH WAS CAUSED BY:			A - A	-1.0	Con -	1		INSET AND	
110	IMMEDIATE CAUSE (c	0)	focare	Will all the	A COUNTY	120200	all so to	Marray	- II GN	CRES
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	ny, which gove) (b	b) Ar	MARK	aulla	4	occ	ella	11111	66	9_
	iote couse (o), derlying couse DUE To	0 / /		/					1100	
lost.		0/1/2	Teridan.	162624	7				mar	1
PART II OTHER	SIGNIFICANT CONDITIONS COI	No.	DEATH BUT NOT RELATED	TO THE TERMINAL DIS	SEASE CONDI	ITION GIVEN IN	PART 1(o)	T)	9. WAS AUT	
E I AKI II. VINEK	JOHN CONDITIONS COL	וויסטווויס וויסטווויס	DOT NOT KELATED	THE TERMINAL DI					PERFORM	
200. ACCIDENT OR CONTRIBUTI							() 101		YES	NO L
20o. ACCIDENT	WAS UNDERLYING □ NG □ CAUSE OF DEATH	20b. DESCR	RIBE HOW INJURY OCCUR	KED. (Enter noture of	injury in Poi	rt I or Port II o	it item 18.)		11.1	
(IF EITHER, NOT	IFY MEDICAL EXAMINER)									
20c. TIME OF Hour	NJURY Month, Doy, Yeor			PLACE OF INJURY (He		20f. (Cit	ty or town)	(County)		(Stote)
Hour Hour	10	While of work	Not While of work	foctory, street, office	bldg., etc.)		1100			
	rtify that (I) (this hasp	0		m grime	/// 10	4 6, to_	himi	24966	that (I) ((wa) 1
		unende	291966, and	that dooth accu	rred at	94/2 PM 16	om courses	and an the d	ate state	d abas
	deceased alive an	mini	A JUS, Ulla	mai dealli acco	neu ui_	germ, y	OIL (00362	22b. DATE &		y dody
220. SIGNATU	1 30/1/1	1/	ha 030	ATTENDING		IED.	STAFF _	1 ZZO. DATEST	3 4/1	6
166	002/201	161.67	Brilly	M.D. PHYS.		IRECTOR L	PHYS. L	1 4/	10/4	
22c. PHYSICIA NAME (To		DA	/ .	22d. ADDI	KED?		1	- TRE	- mg 1 pm	Cr. 21
INMINE (1)	OBEACT	11 146	NTGOME	7	11 (1	DAR	5 AN	2 VE	THE	21/11
23o. BURIAL, CREMA	TION, 23b. DATE THER		23C HAME OF CEMETERY				ON (City or To		.,	Stote)
Butmivalispe	cify) 7/5/19	66	Arlington I	National		Arling	oton	Vin	rginia	9
						444 44145	2000	7 -2	2-11-	~
24 FLINERAL DIRE	CTOR		ADDRESS		2So. REC'D E			GISTRAR'S SIGNA		_
24. FUNERAL DIRE	A. Pumphrey		9	harland	2So. REC'D E	BY REGISTRAR			TURE	

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MARYLAND STATE DEPARTMENT OF HEALTH

1	Division of STATISTICAL RES	SEARCH AND RECORDS, 301 W. PRESTON STREE	I, BALTIMORE, MARYLAND 21201	
	08716	CERTIFICATE OF DEATH		8706
4	1. PLACE OF DEATH OF JONES AND THE STREET	MARYLAND CO. STATE	There deceosed lived, if institution: Residence be be the COUNTY	Reg
	b. CITY OR JOWN (If outside Orparate limits, write BURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspito	of days Diluw On	iside carparate limits, write RURAL and give nea	e. IS RESIDENCE
5 /	Duburher Hopita		ital View ane.	ON A FARM? YES NO
J	3. NAME OF DECEASED (Type or print) Palty	S. Pratt	OF DEATH June 2	
	S. SEX 6. COLOR OR RACE 7. MARRIE WIDOWE 100. USUAL OCCUPATION (Give kind of work done 10b.	ED DIVORCED 10-26-1879	9. AGE (M years IF UNDER 1 YEAR Months Day:	s Haurs Min.
	during mast of working life, even if retired)	INDUSTRY Squings & Wash INDUSTRY Gaings & Wash II. BIRTHPLACE (County &	8 State, or fareign country) 12. CITIZEN COUNTR	
	Walter 5. Pr	the Dr. July	in Pone-	
	(Yes, na, or unknown) (If yes give wor or dates of service)	78-03-3896 daughtur-l	mess St. Adress W. Me Cre	
	1/0	myocardial sufa.		ONS T AND DEATH
	Canditians, if any, which gave rise ta immediate cause (a),	generalized A.S.		
	stating the underlying cause Cc Cc	,		NA WAR AUTORIA
	Cerebral thro	nctions of related to the terminal disease continuous (Paays)	DITION GIVEN IN PART 1(a)	PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTICE MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pr		
	Hour o.m. Wh	vark u at work u		(State)
		ended the deceased fram7-/5, 19 221966, and that death accurred at		ate stated abave.
	22a. &GNATURE. J. Senast.	M.D. PHYS.	MED. STAFF 22b DATE SI	3-66
	22c. PHYSICIAN'S NAME (Type) G. L. Senestaci	k 22d. ADDRESS 9241-Can	lumby BLUD SILVE,	RSPRING
0	23a. BURIAL, CREMATION, BURIAL (Specify) 23b. DATE THEREOF June 25, 196	23c. NAME OF CEMETERY OR CREMATORY 66 Parklawn Cemetery	23d. LOCATION (City or Town) (Cour Rockville, Maryland	l
3	24. FUNERAL DIRECTOR. Slen Carty		N 2 7 1966 Personal Strain Signat	TURF.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicials and completely filled in by the funeral directar, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after depth.

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